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**Sexual Aggression and Victimization among College
Students in Brazil:
Prevalence and Vulnerability Factors**

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Doctoral Thesis

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Dedicated to my parents

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Preface

Brazilian sensuality is historically part of the national identity in Brazil, which makes the study of sexual aggression especially challenging in that country. In contrast to the English and Spanish colonies in the Americas, a hallmark of the Portuguese colonization of Brazil was the intense miscegenation between white Portuguese, indigenous people and African slaves. The main Brazilian historians celebrated this miscegenation, later typified as *racial democracy*, as one of the most striking features of Brazilian identity, with its different shades of skin color, culture and creed. The “fascination” of the Portuguese colonizers by the indigenous’ nakedness and African women’s “voluptuousness” came to explain the mixture of races in the country (Freire, 2006). Only recently, some authors have pointed out that what appears romantically referred to as “miscegenation” or “racial democracy” in historical accounts of Brazil, represented most likely the systematic rape of many indigenous and African women by the colonizers (Vilhena & Zamora, 2004). Brazil was often called the “lost paradise” (Ribeiro, 2006), where the rigid Portuguese Christian morality was more easily disrupted, creating the idea of “tropical lasciviousness” (Cantalice, 2011), which justified and hid for years the sexual aggression perpetrated against these women.

The idea of “tropical lasciviousness” and “tropical sensuality” persists in the national identity to this day. This was even officially used by the Brazilian government for tourism advertising (Cantalice, 2011). The critical point is that this national identity associated with “inherited sensuality” brings ambiguity into issues related to sexual aggression: it minimizes the problem, justifies the act as a mere “misunderstanding” between sexual partners and removes the responsibility of perpetrators. This undermines recognizing a problem that still persists.

In recent decades, the feminist movement and Brazilian civil society have made a great effort to call attention to the severity of sexual violence in the country (Fávero, 2010). A growing

number of studies have addressed this issue and insisted on the urgency of political, social and health responses. Some advances have been made such as, the establishment of police stations specialized in assisting female victims of aggression, more severe sentences for perpetrators (e.g. "Maria da Penha Law") (Santos, 2010), more guarantees of protection and treatment for victims by the legal and health system (Ministério da Saúde, 2005) and the enacting of a new rape law (Brasil, 2009) that now includes men as potential victims.

Also, in recent years, there was an increase, albeit small, of studies investigating male sexual victimization (e.g. de Moraes, Cabral, & Heilborn, 2006). There is still, however, fear in the research community that the inversion of the traditional gender roles minimizes the aggression of men against women and its severe physical, social and psychological consequences. Recommendations for gender-sensitive research (Leduc, 2009) have emphasized, however, the importance of studying both male and female perspectives for getting a better understanding of the etiology of sexual aggression in all of its forms.

In spite of the increased visibility of the problem and some political advances, Brazil still has many challenges to face. There is a need for more methodological rigor in research and more studies that investigate prospectively risk factors and test intervention programs. The study of sexual aggression in social groups that are often neglected by Brazilian research, such as college students, can also bring new insights into the issue. It can demystify the idea that sexual aggression is restricted to groups with low socio-economic status and reveal other risk factors related to the phenomenon rather than poverty and low education. In addition, investigating men and women as victims and perpetrators, regardless of their sexual orientation, challenges the myth that men cannot be sexually victimized by women.

In line with these challenges, the present doctoral dissertation focuses on the magnitude and factors that contribute to increasing the likelihood of sexual victimization and aggression in a

group of college students. The aims of the study were, first, to identify the prevalence of sexual aggression and victimization in a sample of college students in Brazil through a validated instrument, and, second, to investigate the role of biographical (child abuse), cognitive (sexual scripts and normative acceptance) and behavioral (alcohol consumption, use of ambiguous communication, age at first sexual intercourse and number of sexual partners) factors that might increase the risk for sexual victimization and perpetration.

Accordingly, the present doctoral dissertation is divided into seven chapters and an appendix:

The **first and second chapters** give a brief overview of the prevalence and associated factors of sexual aggression in international and in Brazilian literature. **Chapter 1** addresses international data on prevalence and risk factors of sexual aggression and victimization among young people, especially college students. **Chapter 2** includes a review of studies on sexual aggression and victimization conducted in Brazil.

The **third chapter** addresses the **aims of the present dissertation**.

The **fourth, fifth and sixth chapters** refer to **three scientific papers**. Technically, these papers, although they cover different issues and analyses, are part of one and the same study conducted in Brazil. Each paper, however, focuses on different aspects of the issue. The **first paper (Chapter 4)** investigates the prevalence and incidence rates of sexual victimization and perpetration among female and male college students in Brazil. Issues on sexual orientation and overlaps between perpetration and victimization experiences are also addressed. The **second paper (Chapter 5)** focuses on biographical, cognitive and behavioral factors associated cross-sectionally and prospectively with perpetration of sexual aggression. Because only few women reported some form of perpetration in Paper 1, the female group was not large enough for statistical analysis. The second paper focuses, therefore, exclusively on the study of male

perpetration. The **third paper (Chapter 6)** investigates biographical, cognitive and behavioral vulnerability factors associated cross-sectionally and prospectively with sexual victimization among women and men.

Finally, the **Chapter 7** includes a general discussion of all three papers together, describing the limitations and applied implications of the whole study and giving suggestions for future research.

The Appendix includes the Approval of the Ethics Committee of both the University of Potsdam and the University of São Paulo, the consent form and the instruments used for the data collection.

Abstract

Background: Despite the increased attention devoted to sexual aggression among young people in the international scientific literature, Brazil has little research on the subject exclusively among this group. There is evidence that sexual aggression and victimization may start early. Identifying the magnitude and factors that increase the chance for the onset and persistence of sexual victimization are the first steps for prevention efforts among this group. **Methods:** Using both cross-sectional and prospective analyses, this study examined the prevalence of, and vulnerability factors for sexual aggression and victimization in female and male college students ($N = 742$; $M = 20.1$ years) in Brazil, of whom a subgroup ($n = 354$) took part in two measurements six months apart. At Time 1, a Portuguese version of the Short Form of the *Sexual Experiences Survey* (Koss et al., 2007) was administered to collect information from men and women as both victims and perpetrators of sexual aggression since the age of 14. The students were also asked to provide information on their cognitive representations (sexual scripts) of a consensual sexual encounter, their actual sexual behavior, use of pornography, and experiences of child abuse. At Time 2, the same items from the SES were presented again to assess the incidence of sexual aggression in the 6-month period since T1. **Results:** The overall prevalence rate of victimization was 27% among men and 29% among women. In contrast, perpetration rates were significantly higher among men (33.7%) than among women (3%). Confirming the hypotheses, cognitive (i.e., risky sexual scripts, normative beliefs), behavioral (i.e., pornography use, sexual behavior patterns) and biographical (i.e., childhood abuse) risk factors were linked to male sexual aggression and to male and female victimization both cross-sectionally and longitudinally with the path models analyses demonstrating good fit with the data. The results supported: a) the role of the sexual script for a first consensual sexual encounter as an underlying factor of real sexual behavior and sexual victimization or perpetration; b) the role of pornography as “inputs” for sexual scripts, increasing indirectly the risk for victimization, and directly and indirectly the risk for perpetration; c) the direct and indirect link between childhood experiences of (sexual) abuse and male sexual aggression and victimization mediated by sexual behavior; and d) the direct link between child sexual abuse and sexual victimization among women. Few gender differences were found in the victimization model. **Conclusions:** The findings challenge societal beliefs that sexual aggression is restricted to groups with low socio-economic status and that men are unlikely to be sexually coerced. The disparity between male victimization and female perpetration rates is discussed based on traditional gender roles in Brazil. This study is also the first prospective investigation of risk factors for sexual aggression and victimization in Brazil, demonstrating the role of behavioral, cognitive and biographical factors that increase the vulnerability among college students.

Keywords: Sexual aggression, Brazil, sexual scripts, pornography use, childhood abuse, risky sexual behavior.

Chapter 1

**Scale, Definition and Measurement of Sexual Aggression and
Victimization across Cultures**

Sexual aggression is a widespread phenomenon across cultures and has been pointed out as a public health problem by the World Health Organization (WHO). A crucial point refers to the onset of the problem and which factors may contribute to increase the risk for its persistence. There is evidence that sexual aggression may start early (Hall, 1993) and be linked to later marital violence (Jackson, 1999). Young people aged 14-29 seem to be especially at risk for sexual victimization (Teixeira, Pinto, & Moraes, 2011). With increased autonomy, youths can be exposed to risky behavior, such as alcohol and drug abuse (Andrade, Duarte & Oliveira, 2010), and an increased number of sexual partners (Caetano et al., 2010), putting them at increased risk for sexual aggression. Sexual victimization causes countless mental, physical, and sexual health problems, and many victims experience repeated victimization (Ackard & Neumark-Sztainer, 2002). Evidence shows that rape is much more prevalent than previously believed (Koss, Gidycz & Wisniewski, 1987) and very often perpetrated either by an acquaintance or a date (Spitzberg & Cupach, 1998). Victims of sexual aggression tend to underreport violence due to fear, social shame, impunity, lack of protection services, and the non-recognition of the situation experienced as violent (Schraiber & d'Oliveira, 1999). Even when they do report the aggression, many are treated with distrust (Contreras, Bott, Guedes, & Dartnall, 2010) and have no access to legal, medical and psychological services (Faúndes & Andalft, 2002; Villela & Lago, 2007). Despite the growing concern with sexual aggression among people, the available knowledge in Brazil is still very limited. Identifying the magnitude of sexual aggression among young people in the country and factors that increase the risk for the problem are the first steps for prevention efforts.

1.1 Definition and Measurement of Sexual Aggression

One of the challenges regarding the fight against sexual aggression at an international level is how to measure and compare the phenomenon across cultures. The legal definition of rape, the age of consent and the common sense understanding of coercion can vary enormously from one society to another. One of the crucial issues involving sexual aggression is, therefore, how to define and identify the real scope of the problem in a society. Krahe (2013) identifies three different frameworks for defining sexual aggression: the *common-sense*, the *legal* and the *research* one.

The *common-sense* definition of sexual aggression refers to the idea of the ‘classic’ rape stereotype, involving a violent attack by a stranger in a dark place and resistance by the victim (Temkin, 1995). This is a very restricted definition and disregards the fact that sexual aggression incidents may also involve different coercion strategies (e.g. verbal coercion, exploitation of incapacitated state due to alcohol abuse) and can be perpetrated by an acquaintance or an intimate partner.

The second framework refers to the *legal* aspects of sexual aggression, whose definition is restricted to forms of sexual aggression that are penalized by the law. In Brazil, rape is defined by Art 213 of the Brazilian Penal Code as “force someone, through violence or serious threat, to have carnal knowledge or to commit or make someone commit other lewd acts”. Cases that involve alcohol or drug intoxication by the victim are mentioned in the definition of “rape of a vulnerable person” (Section 217-A, Para. 1). This category includes, among other conditions, “to have carnal knowledge or commit other lewd acts with someone who lacks the necessary insight to such action, or for any other cause, cannot resist” (Brasil, 2009). Data based on the legal definition of rape are usually provided by police reports. These data offers, however, very limited information for researchers, because it includes only those cases that match the definition of the

law (e.g. through use of physical force) and ignores the fact that most sexual aggression incidents are never reported to the police.

The *research* definition of sexual aggression refers to any sexual activities that are performed against one's consent. Compared to the legal definition of rape, the research definition includes a wider spectrum of unwanted sexual activities, from sexual contact (e.g. kissing, rubbing up against the private areas of someone's body) to any form of sexual penetration (e.g. into a woman's vagina or someone's anus). It can be perpetrated through different aggressive strategies, such as verbal coercion (e.g. telling lies, threatening to end the relationship, criticizing the victim's sexual attractiveness), use or threat of physical force and exploitation of a victim's incapacitated state (e.g. taking advantage of a too drunk or disoriented victim) (Koss et al., 2007). This more inclusive definition of sexual aggression provides higher rates, compared to those from police reports, and has some advantages. It enables researchers to identify a continuum from less to more severe forms of sexual aggression in a society. It also challenges the common sense belief that rape is restricted to a violent sexual attack by a stranger in a dark place (Temkin, 1995), showing that sexual aggression can be perpetrated by anyone, including intimate partners, through more subtle coercive strategies rather than physical force (Koss et al., 1987).

Not only the definition of sexual aggression, but also the method used to measure the phenomenon may have an impact in the final data. Rather than police reports, self-report surveys are preferred by researchers in order to address the "hidden" rape cases, the so-called "dark figures". Self-report interviews or questionnaires are simple and convenient to apply and are the only available method to assess very private behaviors, such as sexual behaviors (Barker, Pistrang, & Elliott, 2002). Providing an atmosphere of trust and respect and the assurance of voluntary participation and anonymity are some strategies used to reduce some disadvantages of this method, such as, social desirability bias and embarrassment to reveal private details.

The number of questions used to address sexual aggression can also influence the final prevalence rates. Although many studies use only few questions or even a single screening question (e.g. De Moraes et al., 2006), the scientific literature indicates that the use of behaviorally specific descriptions of unwanted sexual acts minimize possible cultural interpretation and ambiguity of vague terms such as “raped” and “forced” (Koss, 1993). It means that instead of asking “*have you ever been raped?*”, different sentences are formulated with thorough descriptions of behaviors that correspond to the legal definition of rape (e.g. “*A man put his penis, or someone put their fingers or objects into my vagina without my consent*”, “*A man put his penis, or someone put their fingers or objects into my butt without my consent?*” and “*Someone had oral sex with me or made me have oral sex with them without my consent*”). This strategy prevents ambiguous connotations and makes data comparable among different countries. It also increases the sensitivity of the instrument, given that it identifies unacknowledged rape victims, i.e., those individuals who have experienced a sexual aggression that would legally qualify as rape but who do not conceptualize themselves as a rape victim (Koss et al., 1987).

Although data based on self-reports can be subjected to memory flaws, social desirability bias and denial (Kolivas & Gross, 2007), self-reporting is still an effective methodological tool to assess unreported rape cases, providing a more truthful picture of levels of sexual aggression (Koss et al., 1987). In fact, studies based on self-report questionnaires present alarming rates of sexual aggression, confirming the huge gap between official data and the real scope of rape. For these reasons, the present dissertation will focus especially on data provided by self-report studies on sexual aggression and victimization.

1.2 Scale of Sexual Aggression among Young People Internationally

Sexual aggression among young people is a growing concern and has received increased attention in research. Although the data vary greatly among studies, in part due to different sample ages and composition as well as instruments and methods, there is evidence that many individuals who are sexually aggressive as adults first exhibited this type of behavior during adolescence (Hall, 1993), and that a subset of perpetrators persistently commits sexual aggression over time (Abbey, Wegner, Pierce, & Jacques-Tiura, 2012). The experience of victimization in adolescence has also been reported by many girls and boys. Data on self-reported sexual victimization provided by the WHO, for example, revealed that in nine different countries between 9% and 47% of girls and 0.2% to 32% of boys had experienced forced sexual initiation in adolescence (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). North American studies revealed that 9% of girls and 6% of boys of a representative sample of 81,247 adolescents had experienced so-called "date violence" or "date rape" (Ackard & Neumark-Sztainer, 2002) and 3.5% of girls had experienced their first sexual intercourse under the threat or use of physical violence (Leitenberg & Saltzman, 2000). Evidence from Germany showed that 63.5% of girls and 27.3% of boys had experienced at least one unwanted sexual experience since the age of 14 (Krahé & Scheinberger-Olwig, 2002).

A considerable number of studies that address sexual aggression among young people have used convenience samples of college students. This whole body of research has shown over the last decades that sexual aggression is a widespread phenomenon on university campuses and numerous factors may contribute to the experience of victimization during college years (Fisher, Daigle, & Cullen, 2010). One classic example is the study conducted by Koss and colleagues (1987) with a representative national sample of US higher education students. The results showed that beginning at the age of 14, 27.5% of female college students and 7.7% of male college

students reported experiencing and perpetrating, respectively, an act that met the legal definitions of rape and rape attempts. Although this study was conducted and published more than 20 years ago, there has been confirmative evidence from North America and other parts of the world on the phenomenon of sexual aggression and victimization among college students in the last decade.

In the USA, recent studies show that 25% of male college students reported some form of sexual aggression since the age of 14 (Swartout, 2012) and 11% in the first year of college (Thompson, Koss, Kingree, Goree, & Rice, 2011). In case of acts that involve alcohol consumption, one US study showed that 12% of male college students reported using alcohol to obtain sex and 15% assumed that they were sexually forceful or aggressive when drinking (Carr & VanDeusen, 2004). In Germany, 13% of male and 8% of female students assumed some form of perpetration of sexual aggression, while 19% of males and 35% of females reported some form of sexual victimization (Krahé & Berger, 2013). In Poland, 42% of male and 40% of female students reported engaging in sexually coercive behaviors, including severe forms of coercion (Doroszewicz & Forbes, 2008). In the same study, 58% of females and 40% of males reported that their partners had engaged in some form of sexual coercion. In Spain, a study showed that 31% of female college students suffered some form of sexual coercion by an intimate partner (Fuertes, Ramos, Martínez, López, & Tabernero, 2006). Another Spanish study found that 33% of female students had experienced some form of unwanted sexual activity, 7.7% of women had experienced attempted or completed rape, and 24.3% of male students admitted involvement in some form of sexual aggression (Cerrato, Sipsma, Carrobbles, & Everaerd, 2000). Evidence from South America showed that, in Chile, 31% of female (Lehrer, Lehrer, Lehrer, & Oyarzun, 2007) and 20% of male college students (Lehrer, Lehrer, & Koss, 2012) reported being victim of some unwanted sexual experience since the age of 14. In addition, a multinational study also showed

that 27% of female and 25% of male college students of 38 different countries reported some form of sexual coercion, including forced sex (Hines, 2010). Brazil, Germany and some States in the US and Canada presented the highest rates of experiencing verbal coercion among men and women.

Despite the heterogeneity of definitions, methods of data collection, screening question formats and cultural aspects, international data suggest some convergent points: (1) sexual aggression among college students is a pervasive phenomenon across cultures; (2) females and males can be either victims or perpetrators of sexual aggression (although women are more likely to be victims and men perpetrators); (3) sexual victimization and perpetration in college campuses includes severe cases that correspond to legal definitions of rape; and (4) there are specific factors that may contribute to the experience of sexual victimization and perpetration among this group (e.g. alcohol consumption, sexual permissiveness, pornography consumption).

1.3 Risk Factors of Sexual Aggression and Victimization among Young People

Different factors may elucidate why individuals perpetrate or become victims. *Sexual behavior patterns* have been extensively studied in association with sexual aggression and victimization. Both situational behaviors, those that occur at the time of sexual interaction, such as use of ambiguous communication (Krahé, Bieneck, & Scheinberger-Olwig, 2007) and alcohol (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004) in sexual interactions, as well as sexual lifestyle (e.g. increased number of partners and early age of sexual initiation; Fergusson, Horwood, & Lynskey, 1997; Malamuth, Sockloskie, Koss, & Tanaka, 1991) have been pointed out as risk factors for both sexual victimization and aggression. Sexual behavior is chronologically the closest variable of the experience of sexual victimization or perpetration, which explains the frequent focus on behavior in research and intervention programs. It is also

because of this temporal link that sexual behavior possibly acts as mediator between other risk factors and sexual aggression.

Studies show, however, that focusing only on behavior is not sufficient to understand the mechanisms of sexual aggression and victimization. A growing number of studies have devoted attention to the study of *cognitive processes* underlying sexual behavior, emphasizing the importance of cognitive variables in prevention and intervention efforts.

The role of *cognitive processes* is essential in comprehending the etiology of rape because they reveal underlying mechanisms of sexual behavior (Drieschner & Lange, 1999). An important concept for the investigation of cognitive aspects of sexual aggression is *sexual script*, defined as cognitive representations of prototypical sequences of events in sexual interactions (Krahé et al., 2007). People develop scripts for sexual interactions that are enacted when a real opportunity occurs (Simon & Gagnon, 1986; Frith, 2009). How individuals conceptualize a sexual encounter – what actions will happen and in what order (e.g. from kissing on the lips to genital sex), what they expect from their partners and what they consider appropriate or not – is cognitively represented in their sexual scripts (Littleton & Axsom, 2003; Littleton, Axsom, & Yoder, 2006). *Sexual script* is particularly useful to the study of sexuality because it challenges myths about "biologization" of behaviors that are actually socialized, such as the myth of the "uncontrollable drive" (Jackson, 1978), which justifies and supports the "inevitable" use of coercion in sexual interactions. Although sexual scripts are influenced by the culture, they can be enacted individually and may give a clue on how youths deal with their sexuality and negotiate sexual interests with their partners in their real life. The concept of sexual scripts was broadly used in research on sexuality. Script theory has been applied, to mention a few examples, to the study of first dates (e.g. Rose & Frieze, 1993), different types of dating experiences (e.g. Alksnis, Desmarais, & Wood, 1996) and rape attribution (e.g. Littleton & Axsom, 2003; Littleton, et al.,

2006) to gauge the influence of sexual scripts on real sexual behavior. Krahé and colleagues (2007) were, however, the first to assess specific risk factors for sexual aggression and victimization as part of 'sexual scripts' of youths. Using a longitudinal design, the authors hypothesized that the presence of three risk factors – alcohol consumption, ambiguous communication and casual sex – in sexual scripts for a consensual sexual encounter of adolescents would increase the chance for sexual aggression and victimization. Confirming the hypotheses, the results showed that the higher the acceptance of the three risk factors in the adolescents' sexual scripts, the more frequent they showed risky sexual behavior, sexual aggression and victimization nine months later. Although this study was conducted with a convenience sample of German adolescents and may not be automatically transferable to other cultural contexts, it gives clues on the role of sexual scripts as guidelines for sexual behavior.

These results raise the question, however, about what may contribute to increase the risk in sexual scripts of youths. One hypothesis is that the *consumption of pornography* may have an influence on cognitive processes underlying sexual aggression and victimization. Pornographic media is more likely to be consumed by young people (Bruzzell, 2005) and the link between pornography use and risky sexual behavior (Braun-Courville & Rojas, 2009; Brown & L'Engle, 2009; Carroll et al., 2008; Peter & Valkenburg, 2008), sexual harassment (Brown & L'Engle, 2009) and sexual aggression (Bonino, Ciairano, Rabaglietti, & Cattelino, 2006; Ybarra, Mitchell, Hamburger, Diener-West, & Leaf, 2011) among young people has been demonstrated by different studies. How sexuality is portrayed in pornographic materials – casual sex between partners that barely know each other (Dines, 2010), consumption of alcohol for creating a more “relaxed” atmosphere (World Health Organization, 2005) and the use ambiguous communication (Bridges, Wosnitzer, Scharrer, Sun, & Liberman, 2010) – may be used by young people not only for sexual arousal purposes but also as a source of information and values for their still emergent

sexual lives (Brown & L'Engle, 2009). The impact of pornographic images on sexual behavior, however, seems to be more complex than the simple imitation by their viewers (Ward, 2003). To explain the influence of pornography on rates of sexual behavior, it has been suggested that individuals incorporate media contents into their sexual scripts in the form of attitudes and expectations and activate them when real opportunities arise (Aubrey, Harrison, Kramer, & Yellin, 2003; Huesmann, 1998). It means that pornography use would have an impact on sexual behavior depending on how much the risks present in pornography would be normatively accepted and incorporated into sexual scripts. Pornography use would, therefore, indirectly contribute to an increased risk to both sexual aggression and victimization by increasing the normative acceptance of risks in sexual scripts and in sexual behavior.

Finally, besides behavioral and cognitive aspects, *biographical factors*, such as child abuse, have also been repeatedly linked to later sexual aggression or victimization. The experience of sexual aggression in adulthood has been retrospectively associated with emotional, physical and sexual abuse (Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006; Hines, 2007; Zurbriggen, Gobin, & Frey, 2010). It is possible that abused children assimilate coercive and abusive strategies as part of their behavioral repertoire and repeat this pattern of behaviors when adults (Krug et al., 2002). On the other hand, the experience of child *sexual* abuse has also been linked to an increased vulnerability for later sexual victimization (Hines, 2007; Lehrer et al., 2007; Lehrer et al., 2012). There seem to be specific mechanisms that connect sexual abuse to victimization in adulthood.

Although the pathway between child abuse and sexual aggression or victimization is still not clear, one emerging hypothesis is that risky sexual behavior may be what links both experiences (e.g. Testa, Hoffman, & Livingston, 2010). Behaviors such as early age of sexual debut, multiple sexual partners, instability in romantic relationships (e.g. Senn, Carey, &

Vanable, 2008; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007) and excessive alcohol consumption (e.g. Clark, Thatcher, & Martin, 2010; Wilson & Widom, 2011) are common consequences of child abuse, while these behaviors are well established risk factors for sexual aggression and victimization. That is, risky sexual behavior showed by adults who were abused as children probably mediates the link between child abuse and sexual aggression or victimization. Although there has been some confirmative evidence on this hypothesis from North America, more studies are needed to test whether this pathway can be generalized to other parts of the world.

In summary, both incidents of perpetration and victimization among young people may have common risk factors such as risky sexual behavior patterns (e.g. alcohol consumption, ambiguous communication and sexual lifestyle), the influence of pornography in sexual scripts and a history of child abuse. It does not suggest, however, that exactly the same mechanisms apply to both experiences of perpetration and victimization. Bringing those risk factors together simply served the purpose of avoiding redundancy. How each factor (e.g. alcohol use, ambiguous communication and pornography use) may contribute specifically to the experience of perpetration or victimization will be described later in Chapter 5 and 6. In addition, investigating behavioral factors that increase the risk for victimization is not intended to blame victims, but to enable them "*to make informed behavioral choices*" (Krahé, 2013, pp. 242). It is still important to mention that the risk factors were separated by constructs (behavioral, cognitive and biographical variables) in order to clarify later how the hypotheses of the current dissertation were conceptualized. It does not imply independence between those factors. On the contrary, one of the goals of the present study was to create a model that demonstrates the interdependence of different variables that increase the risk for sexual aggression and victimization.

Chapter 2

Sexual Aggression and Victimization in Brazil

2.1. Brazilian Evidence

One of the difficulties of studying sexual aggression in Brazil is to find consistent data on this issue. There is no unified police report that provides rape rates for the federal states or for the country as a whole. Official data, when available, provide much lower rates than what the real problem seems to be. According to the Brazilian Ministry of Health, it is estimated that less than 10% of sexual assault cases reach the justice system in the country (Ministério da Saúde, 2005). In Rio de Janeiro, for example, 4,871 rape cases were registered in 2012 by the police, which corresponds to an annual incidence rate of 0.03% (Teixeira et al., 2011), a much lower rate than that provided by self-reported studies in Brazil (e.g. Krug et al., 2002).

In response to pressure from civil society and the feminist movement in Brazil, there was an increase of political attention as well as Brazilian publications on this problem (Fávero, 2010). Some Brazilian studies have addressed prevalence or incidence of self-reported sexual victimization in the general population (e.g. Schraiber et al., 2007), in community samples (e.g. Moura, Gandolfi, Vasconcelos, & Pratesi, 2009) and in clinical samples (e.g. Marinheiro, Vieira, & Souza, 2006). Other studies have focused on socio-demographic characteristics of victims (e.g. Campos & Schor, 2008), quality of healthcare services supplied to victims (e.g. Faúndes & Andalft, 2002), case studies of raped women (Dantas-Berger & Giffin, 2005; Labrocini, Fegadoli, & Correa, 2010; Sudário, Almeida, & Jorge, 2005), impact of interventions (Vianna, Bonfin, & Chicone, 2006), experiences of health professionals who deal with victims (Correa, Labrocini, & Trigueiro, 2009; Reis et al., 2010) and social representations of sexual violence by health professionals (Cavalcanti, Gomes, & Minayo, 2006). But only few studies have concentrated on perpetration of sexual aggression: two papers focused on the incidence rates of sexual aggression among college students (Chan, Straus, Brownridge, Tiwari, & Leung, 2008; Zotareli, Faúndes, Osis, Duarte, & Sousa, 2012), and four papers on socio-demographic, biographical and

behavioral characteristics of sexual offenders in the justice system (Baltieri & Andrade, 2008a, 2008b; Costa & Mello, 2012; Vargas, 1999; Vargas, 2008).

The real picture of the problem in the country is, however, inaccurate. The great variation of definitions, methods and sample age and composition makes the unification and comparison of the available data a challenge. In order to provide a brief profile of the scope of sexual aggression in Brazil, the review of the available studies will be here divided into **four** groups. The **first** group investigates prevalence or incidence rates of sexual victimization in the general population or in community samples (Table 1). The **second** group includes those studies that investigate prevalence rates of sexual victimization in clinical samples of healthcare services (Table 2). The **third** group investigates prevalence or incidence rates of perpetration of sexual aggression (Table 3). The **fourth** group of studies identifies typical characteristics of victims of sexual aggression who sought professional help in healthcare services. Because of its restricted generalizability, this last group of studies will be described in the text and not presented in a separate table.

The first group is composed of ten studies (four included male samples) that investigated prevalence and incidence rates of sexual victimization in the general population or in community samples in Brazil (Table 1). These studies indicated that prevalence of sexual victimization in Brazil varied from 6 to 55% among women and from 5 to 11% among men. The percentage of women who admitted having suffered sexual victimization in the previous 12 months varied from 9.4 to 40%. Among men, the corresponding rates ranged from 30 to 35%, which were provided, however, by only two multinational studies that used behavioral specific questions¹.

The second group includes nine studies that investigated prevalence rates of sexual victimization in samples of people who attended healthcare services (Table 3). These studies

¹ As previously mentioned, the use of behavioral specific questions provides higher rates of sexual aggression and victimization than the use of only few questions (Koss, 1993).

revealed that between 8 and 26% of women who attended those services reported some form of sexual victimization. Other clinical groups may also be at risk for sexual aggression. Sexual victimization was reported by 26% of female and 12.5% of male psychiatric patients (De Oliveira, Machado & Guimarães, 2012), 39.1% of pregnant women (Aquino et al., 2008), and 11.2% of HIV positive men who have sex with women (Segurado et al., 2008).

The third group consists of three studies that address prevalence or incidence rates of sexual aggression (Table 3). Chan and colleagues (2008) found that 44% of male and 29% of female college students admitted some form of aggressive sexual behavior in the previous year. Other authors found considerably lower rates. Zotareli and colleagues (2012) found that 3% of male students confessed having perpetrated some form of sexual aggression since starting college. Segurado and colleagues reported that 5.8% of HIV positive men admitted having perpetrated some form of sexual aggression in their life (Segurado et al., 2008).

Some studies of these three groups also investigated factors associated with sexual aggression. The studies conducted in the general population suggested that gender moderated the association between skin color, income, educational level, marital status, age at first sexual intercourse and number of sexual partners and sexual victimization (Schraiber, D'Oliveira, & Franca, 2008). Educational level of the victim's mother (De Moraes et al., 2006), child sexual abuse and adversarial sexual beliefs (Hines, 2007) were also linked to sexual victimization among men and women. Having less religious commitment and living in mixed-gender residences were associated with female victimization and male perpetration (Zotareli et al., 2012). Studies conducted in clinical samples also revealed that female sexual victimization was positively associated with low socio-economic conditions and violence in the family (Marinheiro et al., 2006).

Table 1: Studies that Investigate **Prevalence** and **Incidence** Rates of Sexual Victimization in the General Population or in Community Samples

Author(s)	Sample	Locality	Definition/Operationalization	Lifetime Prevalence
<i>Prevalence</i>				
De Moraes, Cabral, & Heilborn (2006)	4634 (52.8% were females) Age: 18-24 years	Porto Alegre Rio de Janeiro Salvador	1. Have you ever been forced to have sex when you did not want to?	16.5% of females and 11% of males reported having been a victim of sexual coercion
Faúndes, Hardy, Osis, & Duarte (2000)	1838 women Age: 15-49 years	Campinas and Sumaré	1. Having sex without wanting 2. Being coerced to have sex 3. Being threatened or physically forced to have sex	54.8% had sex with a partner without wanting 23% reported some form of sexual coercion 7.1% reported sexual victimization through physical force or threats
Fundação Perseu Abramo (2010)	2,365 women Age: older than 14 years	From the 5 macro-regions of Brazil	1. He forced you to have sex when you did not want it. 2. He forced you into sexual acts that you did not like. 3. He raped you	10% of women reported some form of sexual violence (3% corresponded to rape)
Moura, Gandolfi, Vasconcelos, & Pratesi (2009)	278 women Age: 15-49 years	Economically vulnerable area of Brasília	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	28.8% of women reported some form of sexual victimization by an intimate partner
Schraiber et al.	940 women	São Paulo and	1. Has he/she physically forced you to have	Sexual victimization by an

(2007b)	1,188 women Age: 15-49 years	Zona da Mata Pernambucana (ZMP)	sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	intimate partner was reported by 10.1% of women in São Paulo and 14.3% in ZMP
Schraiber, Oliveira, & Junior (2008)	2,298 men 2,742 women Age: 16-65 years	From the 5 macro-regions of Brazil	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	Sexual victimization by an intimate partner was reported by 11.8% of women and 5.1% of men
Venturi, Recamán, & Oliveira (2004)	2,502 women Age: older than 14 years	From the 5 macro-regions of Brazil	1. He forced you to have sex when you did not want to. 2. He forced you into sexual acts that you did not like. 3. He raped you.	13% of women reported rape or abuse by an intimate partner 6% were forced to undertake a sexual practice, they did not like

Incidence

Chan et al. (2008)	439 Students (64% were female) M Age: 21.3 years	Not mentioned	Sexual Coercion Scale of Conflict Tactics Scales (CTS2)	Sexual victimization by an intimate partner: 38.5% of females 34.5% of males
Hines (2007)	155 female students (M Age: 20 years)	São Paulo	Sexual Coercion Scale of Conflict Tactics Scales (CTS2)	1.3% of female students reported being victims of forced sex and 39.5% of

	76 male students (<i>M</i> Age: 23 years)			verbal coercion by an intimate partner 1.4% of male students reported being victims of forced sex and 29.7% of verbal coercion by an intimate partner
Moura, Gandolfi, Vasconcelos, & Pratesi (2009)	278 women Age: 15-49 years	Economically vulnerable area of Brasília	<ol style="list-style-type: none"> 1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating? 	15.5% of women reported some form of sexual victimization by an intimate partner
Zotareli, Faúndes, Osis, Duarte, & Souza (2012)	2,430 Students (51.3% were men) Age: 62% under 25 years	In a non-specified city of São Paulo state	<p>Sexual victimization since the beginning of college:</p> <ol style="list-style-type: none"> 1. Having been physically forced to have sexual intercourse against their will; 2. Having had sexual intercourse because they were afraid of what the aggressor might do; 3. Having had sexual intercourse despite not wanting to because of a belief that it was the aggressor's right; 4. Having been forced to subject themselves to a degrading or humiliating sexual act; 5. Someone having agreed to use a condom during intercourse but failed to comply with this agreement; 6. Someone having refused to use a condom during sexual intercourse. 	9.4% of women reported at least one form of sexual victimization*

*After starting college

Table 2: Studies that Investigate **Prevalence** of Sexual Victimization in Clinical Samples of Health Care Services

Author(s)	Sample	Locality	Definition or Operationalization	Prevalence (time window)
Aquino et al. (2009)	179 pregnant women Age: older than age 14	São Paulo	Unconsented (penetrative or not) sexual contact committed against someone who is not capable of either consenting to or refusing it. (no examples provided)	39.1% of any form of sexual victimization, of which 20% involved penetration* (after the age of 14)
Audi, Segall-Correa, Santiago, Andrade, & Perez-Escamila (2008)	1,379 pregnant women M Age: 24 years	Campinas	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	1.3% of women some form of sexual victimization by an intimate partner (lifetime)
Kronbauer & Meneghel (2005)	251 women Age: 18-49 years	Porto Alegre	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	8% of women some form of sexual victimization by an intimate partner (lifetime)
Marinheiro, Vieira, & Souza (2006)	265 women Age: 18-49 years	Ribeirão Preto	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	9.8% of women some form of sexual victimization by an intimate partner (lifetime)
De Oliveira,	2,475 patients	From 24 psychiatric	1. Having been forced to unwanted sex or	Women: 9% victims in

Machado, & Guimarães (2012)	(1277 women) with mental illness Age: 18-40 years	services of different regions in Brazil	having suffered any kind of abuse of sexual nature against their will	adolescence (12-17 years) and 14% in adulthood (+18 years) Men: 3% victims in adolescence and 4% in adulthood
Schraiber et al. (2007a)	3,193 women Age: 15-49 years	19 public health services in Sao Paulo	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	26% of women reported some form of sexual victimization (lifetime)
Schraiber, d'Oliveira, França-Junior, & Pinho (2002)	322 women Age: 15-49 years	São Paulo	1. Has he/she physically forced you to have sexual intercourse when you did not want to? 2. Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do? 3. Has he/she forced you to do something sexual that you found degrading or humiliating?	11.5% of women reported some form of sexual victimization (in adulthood)
Segurado et al. (2008)	242 HIV positive men who have sex with women	São Paulo	1. Has ever been forced by anyone to have sex unwillingly 2. Has ever forced anyone to have sex with them against their will	11.2% of men reported some form of sexual victimization (since the age of 15)
Silva (2003)	701 women Age: 15-49 years	Salvador	1. Has anyone ever forced you to have sex against your will?	18.6% of women reported some form of sexual victimization (lifetime)

Table 3: Studies that Investigate **Prevalence** and **Incidence** Rates of Sexual Aggression

Author(s)	Sample	Locality	Definition/Operationalization	Lifetime Prevalence
Chan et al. (2008)	439 Students (64% were female) M Age: 21.3 years	Not mentioned	Sexual Coercion Scale of Conflict Tactics Scales (CTS2) e.g. <i>“made my partner have sex without a condom; insisted on sex when my partner did not want to (but did not use physical force); insisted my partner have oral or anal sex (but did not use physical force); used force (liking hitting, holding down, or using a weapon) to make my partner have oral or anal sex; used force (like hitting, holding down, or using a weapon) to make my partner have sex; used threats to make my partner have oral or anal sex”</i>	Sexual aggression against an intimate partner in the last year: 28.9% of females 43.7% of males
Segurado et al. (2008)	242 HIV positive men who have sex with women	São Paulo	Not specified	5.8% of men reported some form of sexual aggression in their lifetime
Zotareli et al. (2012)	2,430 Students (51.3% were men) Age: 62% under 25 years	In a non-specified city of São Paulo state	Not specified	3.3% of men reported having perpetrated some form of sexual aggression after starting college

In addition, another group of studies in Brazil describe the profile of victims of sexual aggression who sought medical care in specialized services (Group 4). Campos and Schor (2008) found that 87% of victims were females and in 76% of the cases the aggressors were identifiable. Andrade et al. (2001) found that 82% of the victims were single and that some victims took up to two months to seek medical care. Lopes and colleagues (2004) described that 64.7% of the cases of sexual aggression occurred at night, 39% in isolated places and in 77% of women showed physical trauma (e.g. hematoma, vulva swelling and abrasions). Mattar and colleagues (2007) found that 95% of the sample who attended the service reported completed rape. In 40% of the cases, the perpetrator had repeatedly molested the victim. In 55% of the cases the perpetrator was known by the victim and in 30% of cases the victims got pregnant. Data provided by this group of studies are very restricted and cannot be extended to the whole sexually victimized population. It contains only victims who had access to healthcare services, which applies to a minority of victims of sexual aggression. Those who never sought medical help or ever recognized the experience as sexual aggression were ignored by these findings. Another limitation is that many studies have samples combining children, adolescents and adults, making it impossible to distinguish which information corresponds specifically to which age group, since the sexual victimization experienced in adulthood may be different from childhood and adolescence.

In spite of the great variation in the data, the available literature indicates that sexual aggression is a serious problem in Brazil. Data show that, first, sexual victimization is highly prevalent, especially among women; second, intimate partners are common perpetrators; and third, self-report studies provide much higher incidence rates than those provided by police reports in Brazil (e.g. 0.03% in Rio de Janeiro) (Teixeira et al., 2011).

Moreover, other available sources indicate that the costs of sexual violence in Brazil are enormous in terms of medical (e.g. pain, HIV, pregnancy), psychological (fear and suffering), social and economic (e.g. reduced earning capacity of women and lost time at work) consequences (Ministério da Saúde, 2005; Waters et al., 2004), but the victims' access to the health sector in the country is still very restricted (Villela & Lago, 2007). Many health professionals are not qualified to identify and appropriately refer the victims to the justice system (Monteiro et al., 2008; Oliveira, Samico, Ishigami, & Birth, 2012) and many feel unprepared to deal with complex issues involving the relationship between the victim and the perpetrator (Correa, Labricini, & Trigueiro, 2009; Reis et al., 2010). Some authors also point out that the Brazilian health sector, due to prejudice, moral or political issues, does not guarantee certain rights of female (e.g. the right to abortion in case of rape) (Bedone & Faúndes, 2007; Oliveira, 2007) and male victims (Sarti, Barbosa, & Suarez, 2006). There is a strong appeal by researchers for the expansion of victim support services (Faúndes & Andalft, 2002; Villela & Lago, 2007) for ensuring multidisciplinary care for victims (Faúndes, Rosas, Bedone, & Orozco, 2006) and for the enforcement of law against perpetrators, since many victims are still treated with indifference, discrimination, hostility or distrust (Contreras et al., 2010).

Brazilian studies, however, present several **limitations**. They have some methodological problems concerning operationalization of definitions, composition of the sample and methods used to collect data (this issue will be discussed in details in Paper 1). The studies have without exception cross-sectional designs, providing little insights on causality. Overall, Brazilian research lacks a theoretical basis. Sexual aggression is often explained in terms of patriarcalism, but this approach fails to explain male sexual victimization by female perpetrators. They also tend to focus on sexual victimization among women, especially with low socio-economic status,

neglecting men as potential victims and the study of perpetration experiences. In addition, it has been pointed out that one of the future challenges of research in Latin America is to measure sexual aggression with more methodological rigor in younger sample groups, who are the main focus of prevention programs, and to investigate factors that contribute to the onset and persistence of the problem (Contreras et al., 2010). The present study developed its aims in line with the above-mentioned Brazilian challenges and limitations in research on sexual aggression.

Chapter 3

Aims of the Dissertation

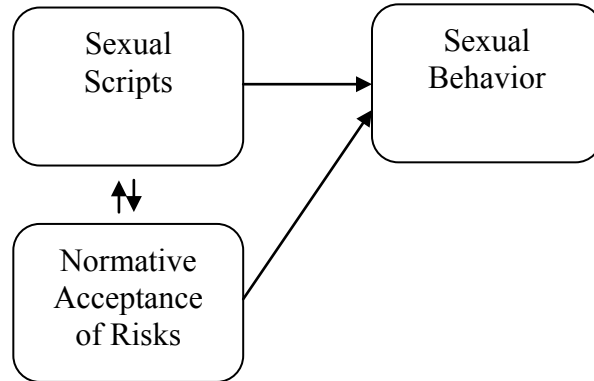
3.1 The Present Doctoral Dissertation

The international literature has called attention to the problem of sexual aggression and victimization among college students. Sexual behavior patterns (e.g. ambiguous communication about sexual intentions, alcohol use and sexual lifestyle), cognitive processes (e.g. the normative acceptance and enactment of risk factors in sexual scripts) and biographical factors (e.g. child abuse) were identified as risk factors for sexual aggression and victimization. The available knowledge in Brazil on this issue is still limited. As previously mentioned, available Brazilian data lack a theoretical basis, present methodological problems (e.g. vague definitions, sample compositions, and approach to the participants) and offer little insights on possible risk factors, since all studies are cross-sectional. They tend to focus on victimization experiences among female samples of low socio-economic status and little education. There are only few studies that address perpetration. In addition, there are virtually no studies that address the experience of victimization and perpetration in both sexes among young sample groups.

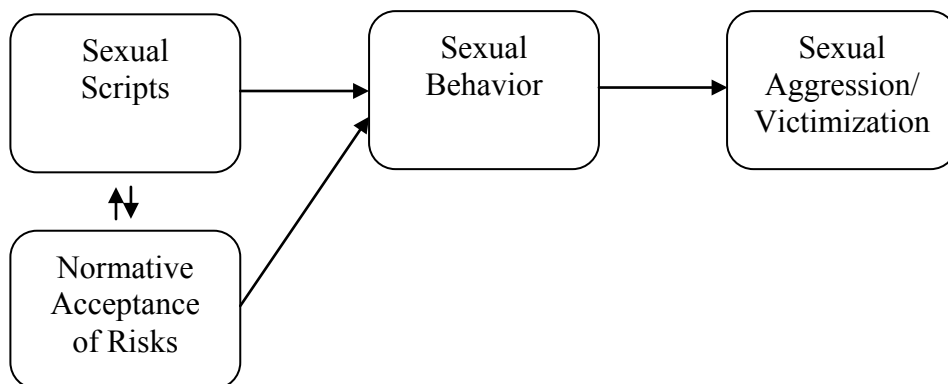
Based on the knowledge provided by the international literature and addressing the limitations of Brazilian studies, the present doctoral dissertation had the following aims:

- (1) Identify the prevalence and incidence rate of both sexual aggression and victimization among female and male Brazilian college students;
- (2) Investigate cross-sectionally and prospectively the role of cognitive (e.g. sexual scripts and normative acceptance of risks), behavioral (e.g. alcohol consumption, ambiguous communication and sexual lifestyle) and biographical (e.g. child abuse) factors in association with sexual aggression and victimization. Therefore, **six** hypotheses were tested:

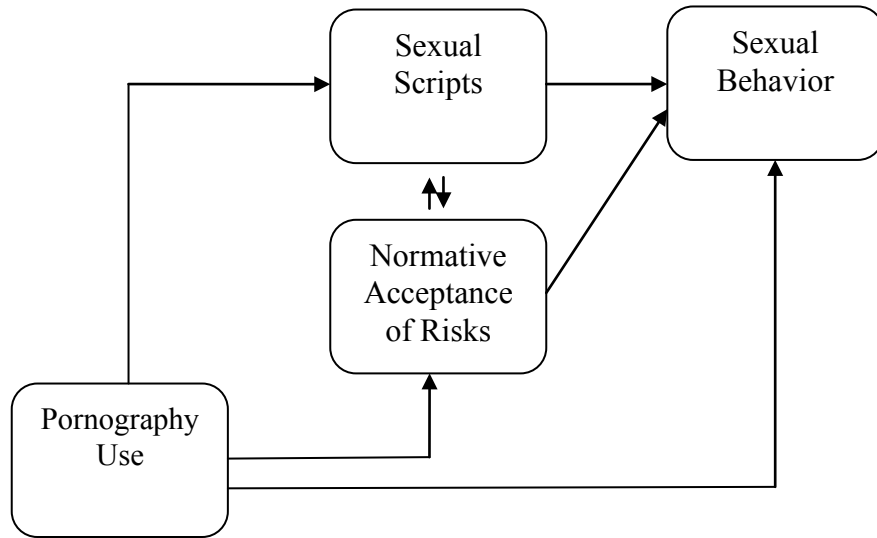
Hypothesis 1: The first hypothesis aimed to test the generalizability of the link between sexual scripts and sexual aggression/victimization in the Brazilian context. It was assumed that the more the risk factors (casual sex, use of alcohol consumption and ambiguous communication in sexual interactions) were normatively accepted and incorporated into sexual scripts of college students in Brazil, the higher the chance they would be enacted in real sexual behavior:



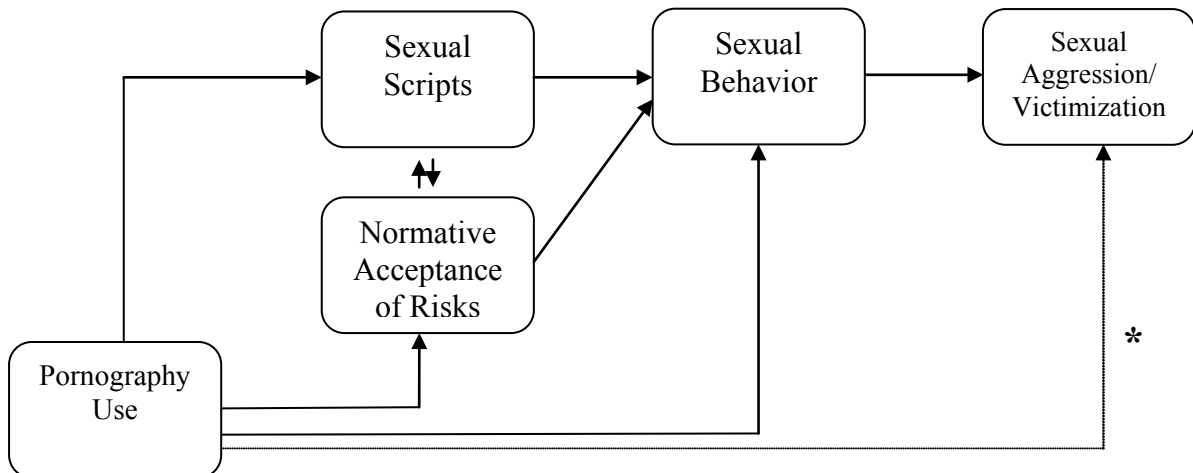
Hypothesis 2: The indirect link between normative acceptance of risk elements in sexual scripts and the experience of sexual aggression or victimization was also investigated. It was hypothesized that normative acceptance of risk elements in sexual scripts would be indirectly linked to experiences of sexual aggression/victimization through an increased risk shown in sexual behavior:



Hypothesis 3: It was predicted that pornography use would have a direct and an indirect impact on sexual behavior depending on how much the risks would be normatively accepted and incorporated into students' sexual scripts:

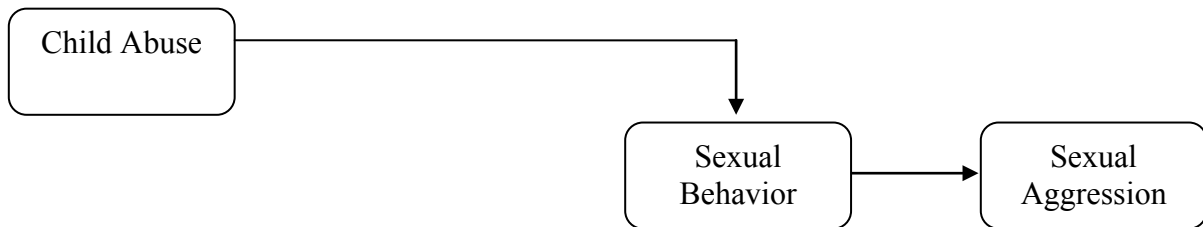


Hypothesis 4: Furthermore, it was assumed that pornography use would indirectly contribute to an increased risk to sexual aggression or victimization mediated by sexual scripts, norms, and sexual behavior. In other words, pornographic images would be associated to sexual aggression or victimization by introducing new risks in youth's sexual scripts that then feed into sexual behavior:



* Because violence is a common feature of pornographic material (Bridges et al., 2010), a direct path between pornography use and sexual aggression was also used. This additional path, however, was not considered in the model for victimization experiences.

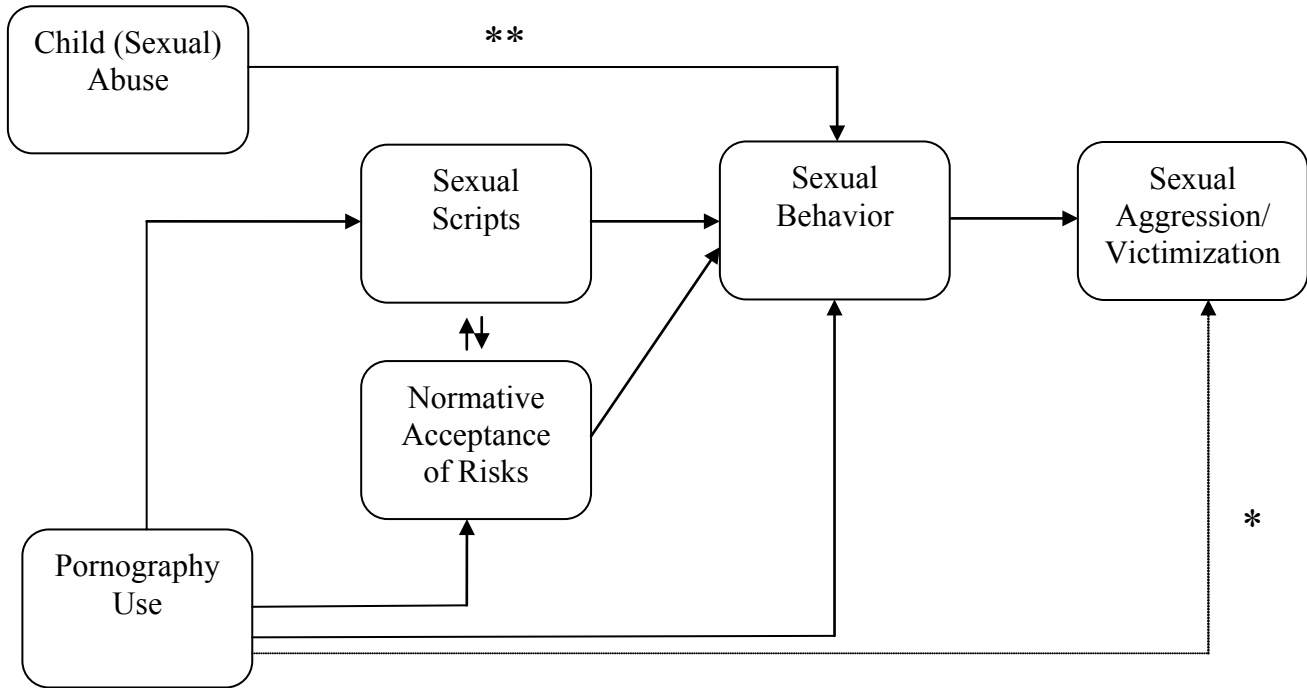
Hypothesis 5: Based on the emergent research, it was assumed for the study of perpetration experiences that risk sexual behavior would mediate the link between child abuse and sexual aggression. This hypothesis referred specifically to **the sexual aggression model** (see **Chapter 5**):



Hypothesis 6: Because the international literature focuses mainly on the link between *sexual* abuse and sexual victimization, for the study of victimization experiences, it was hypothesized that sexual behavior would mediate the link between child *sexual* abuse and sexual victimization. This hypothesis referred specifically to **the sexual victimization model** (see **Chapter 6**):



The Full Model



* The direct path between pornography use and sexual aggression is assumed only for the perpetration model.

** The link between child *sexual* abuse and sexual behavior is assumed only for the sexual victimization model.

The previously mentioned research aims will be addressed in the three following chapters:

Chapter 4: Sexual Aggression among Brazilian College Students: Prevalence of Victimization and Perpetration in Men and Women (Paper 1)

Chapter 5: Predicting Sexual Aggression in Male College Students in Brazil (Paper 2)

Chapter 6: Vulnerability to Sexual Victimization in Female and Male College Students in Brazil: Cross-Sectional and Prospective Evidence (Paper 3)

Chapter 4

**Sexual Aggression among Brazilian College Students:
Prevalence of Victimization and Perpetration in Men and Women**

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D'Abreu, L. C. F., Krahé, B., & Bazon, M. R. (2012). Sexual aggression among Brazilian college students: Prevalence of victimization and perpetration in men and women. *Journal of Sex Research*, 50, 795-807.

Abstract: Despite the increased attention devoted to sexual aggression among college students in the international research literature, Brazil has no systematic studies on the prevalence of sexual aggression in college populations. The present research measured the prevalence of sexual aggression and victimization since age 14 among 742 first-year college students in Brazil (411 women). A Portuguese version of the Short Form of the *Sexual Experiences Survey* (Koss et al., 2007) was administered to collect information from men and women as both victims and perpetrators of sexual aggression. The overall prevalence rate of victimization was 27% among men and 29% among women. Except for sexual coercion and attempted sexual coercion, there were no significant gender differences in victimization rates concerning nonconsensual sexual acts and aggressive strategies. In contrast, perpetration rates were significantly higher among men (33.7%) than among women (3%). The findings challenge societal beliefs that men are unlikely to be sexually coerced. Explanations are proposed for the disparity between male victimization and female perpetration rates based on traditional gender roles in Brazil.

Keywords: Sexual aggression, sexual victimization, Brazil, Sexual Experiences Survey, college students

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Sexual Aggression among Brazilian College Students:
Prevalence of Victimization and Perpetration in Men and Women

Despite the increased attention devoted to the problem of sexual aggression among college students in the international literature (for reviews see Spitzberg, 1999; Struckman-Johnson, Struckman-Johnson, & Anderson, 2003), no systematic knowledge base is available on the scale of sexual aggression in college samples in Brazil. Although Brazil was pointed out by the World Health Organization (WHO) as a country with high rates of sexual aggression (Krug, Dahlberg, Mercy, Zwi, & Lozano 2002), only a handful of studies have assessed the prevalence of sexual aggression in the general population (Moura, Gandolfi, Vasconcelos, & Pratesi, 2009; Schraiber, D'Oliveira, Franca-Junior et al., 2007; Schraiber, D'Oliveira, & Franca Junior, 2008) or specifically in young adult samples (de Moraes, Cabral, & Heilborn, 2006; Hines, 2007). The present study provides a comprehensive analysis of the prevalence of sexual aggression in a sample of first-year undergraduate students, addressing men and women as both victims and perpetrators of sexual aggression.

Three Brazilian studies used the definition and operationalization of sexual violence proposed by the WHO, which defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.” (World Health Organization, 2011) It is operationalized by three questions (Schraiber, Latorre Mdo, Franca, Segri, & D'Oliveira, 2010): (1) *Has he/she physically forced you to have sexual intercourse when*

you did not want to? (2) *Did you ever have sexual intercourse when you did not want to because you were afraid of what he/she might do?* (3) *Has he/she forced you to do something sexual that you found degrading or humiliating?*” The first study found that in the age range of 15 to 49, the prevalence of women’s sexual victimization by an intimate partner was 10% in an urban area and 14% in a rural area (Schraiber, D’Oliveira, Franca-Junior et al., 2007). The second study found that the life-time prevalence of victimization by an intimate partner was 12% among women and 5% among men aged between 16 and 65 (Schraiber et al., 2008). The third study, conducted in an economically disadvantaged area with women aged 15 to 49, found that around 29% of women reported at least one episode of victimization by an intimate partner during their lifetime (Moura, et al., 2009).

To date, only two data sets are available focusing specifically on sexual victimization among young adults. The first study by de Moraes et al. (2006) included a representative sample of 4,634 Brazilian young adults aged between 18 and 24 years, using a single question to estimate the life-time prevalence of sexual coercion: *“Have you ever been forced to have sex when you did not want to?”* They found that 17% of female and 11% of male participants reported having been victims of sexual aggression. The perpetrators were male in 99.5% of cases reported by women and female in 79% of cases reported by men. The most frequently used aggressive strategy was verbal coercion, reported by 66.6% of the female and 94.1% of the male victims. Significantly more female (26%) than male (3%) victims reported physical violence or threat. The second data set comes from a multinational study of heterosexual college students by Hines (2007) that investigated sexual victimization by an intimate partner. The Brazilian sample included 76 male and 155 female students from Sao Paulo. She found that 1.4% of the male participants had experienced forced sex by a partner in the previous year and 29% experienced

verbal coercion. For the female participants, the respective rates were 1.3% for forced sex and 39% for verbal coercion.

In addition to the studies with general population samples, further studies were conducted with clinical samples, i.e., samples using public health care services. Based on the instrument proposed by the WHO, prevalence rates of victimization among women who attended public health services in three large Brazilian cities were 26% in Sao Paulo ($N = 3,193$; Schraiber, D'Oliveira, Couto et al., 2007), 9.8% in Ribeirao Preto ($N = 265$; Marinheiro, Vieira, & de Souza, 2006), and 8% by intimate partner in Porto Alegre ($N = 251$; Kronbauer & Meneghel, 2005). Other studies explored the characteristics of victims of sexual aggression assisted by NGOs, gynecological services or institutes of forensic medicine (e.g., Garcia, Ribeiro, Jorge, Pereira, & Resende, 2008; Oshikata, Bedone, & Faúndes, 2005; Silva, 2003). For example, 80% of female victims treated at an emergency medical service reported that their aggressors were unknown, 60% of victims were threatened by fire guns, 95% of nonconsensual sexual acts involved completed vaginal penetration and 50% involved oral sex (Oshikata et al., 2005). Studying victim samples, however, does not yield reliable estimates of the prevalence of sexual victimization in the population at large. Since many sexual assaults are not reported, and samples of users of healthcare facilities or victim services may contain only the most serious cases, many victims are not identified by these studies.

To summarize, prevalence studies on sexual aggression in Brazil fall into two categories: (1) studies that identify prevalence rates of victimization in the general population; and (2) studies that identify prevalence rates of victimization in clinical samples of individuals using public health care services. Prevalence rates range from 10 to 29% in general population samples and from 8% to 26% in clinical samples. A third group of studies elucidates characteristics of

perpetrators and types of sexual aggression reported by victims who seek help in social or health services but do not address the prevalence of sexual aggression.

Limitations of Previous Brazilian Studies

Existing research on the prevalence of sexual aggression in Brazil is important in raising awareness of the problem of sexual aggression and stressing the need for political, social and public health responses. At the same time, this body of research has several conceptual and methodological limitations. First, many studies do not present a clear definition of sexual aggression and its specific forms. For example, some studies do not distinguish between sexual abuse (committed against children) and sexual aggression (committed against persons older than 14 years; e.g., Oshikata et al., 2005), because they are conducted in institutions that provide services to children and adults. Other studies, for example those conducted in forensic medical institutions, only consider cases that involve serious physical injuries (e.g., Garcia et al., 2008; Reis, Martin, & Ferriani, 2004). Yet other studies conducted in health care facilities consider different forms of violence against women and present combined rates for physical, psychological, and sexual aggression (e.g., Audi, Segall-Correa, Santiago, Andrade Mda, & Perez-Escamila, 2008). The lack of clarity in defining sexual aggression and reporting rates for specific forms of sexual aggression or victimization makes it difficult to estimate the magnitude of the problem of sexual aggression in Brazil and to establish frequencies for different forms of sexual aggression.

A second limitation is that some studies used a single screening item (e.g., de Moraes et al., 2006; Silva, 2003) or only few questions (e.g., Moura et al., 2009; Schraiber, D'Oliveira, Franca-Junior et al., 2007; Schraiber et al., 2008), which have lower sensitivity for detecting sexual aggression and hence tend to produce lower rates. Many cases of sexual victimization

may not have been identified by these studies because the incidents were not recognized as aggression by participants in response to the broad question(s). Using labels, such as “sexual intercourse” or “forced”, leaves room for ambiguity and interpretation (Koss, 1993). For example, by asking about “sexual intercourse”, participants may or may not have included in their responses experiences of oral or anal sex or penetration with fingers or objects. In the case of “forced”, they may not have considered tactics other than physical force, especially those that involve verbal coercion or exploiting the victim’s alcohol intoxication. It is generally agreed among sexual aggression researchers that to address these limitations multiple behaviorally specific questions should be used to elicit reports of sexual aggression and victimization (Koss, 1993).

Third, given the high illiteracy rate particularly among women, data were frequently collected through face-to-face interviews (e.g., Audi et al., 2008; Kronbauer & Meneghel, 2005). Even with taking care to create an atmosphere of trust between interviewer and participant, it is likely that not all respondents felt comfortable in reporting sexual aggression or victimization in a face-to-face interaction to a stranger. A study by Ouimette, Shaw, Drozd, and Leader (2000) showed that participants with higher scores on a measure of social anxiety reported lower prevalence rates of perpetration in a face-to-face interview than in a self-administered survey. For the original version of the Sexual Experiences Survey, Koss and Gidycz (1985) found a tendency for men to deny sexually aggressive behavior reported in a self-administered survey in the face-to-face interview situation, and there was some evidence that women reported more severe forms of victimization in the survey-report than in the face-to-face interview.

Fourth, men are rarely seen as potential victims of sexual aggression. There is consistent evidence across the world that sexual aggression is gender-asymmetrical, with victims being

predominantly female and perpetrators being predominantly male (Krug et al., 2002). However, there is growing evidence that sexual aggression is also part of women's behavioral repertoire in sexual relations with men (Badinter, 2003; Hines, 2007). In addition, a small research literature demonstrates sexual aggression in same-sex interactions among men (Krahé, Waizenhöfer, & Möller, 2003) as well as among women (Messinger, 2011; VanderLaan & Vasey, 2009). Each of these gender constellations requires further exploration.

Fifth, there is virtually no research in Brazil on self-reported perpetration by men, let alone by women. Except for figures based on official crime reports (e.g., Vargas, 2008), information about perpetrators is inferred from reports by victims. As a result, it is not possible to relate the ratio of female victimization to male perpetration, or male victimization to female perpetration, and to interpret discrepancies between male and female reports, as previously described by U.S. studies (e.g., Kolivas & Gross, 2007; Spitzberg, 1999). Gaps between female self-reported victimization and male self-reported perpetration, or vice-versa, may give clues about the perception of sexual aggression in a society. Biased reports of men or women may reveal a mismatch of what is perceived as consensual or not by both genders. Even with behaviorally specific items and high levels of accuracy and honesty, in perpetration self-reports the respondents are asked to interpret the absence of consent of another person, whereas they are asked about their own nonconsent in victimization reports (Kolivas & Gross, 2007). This may explain at least partly why victimization rates exceed perpetration rates.

Overall, Brazilian research presents sexual victimization as a female phenomenon typical of socio-economically vulnerable groups. Middle and upper classes are often neglected. For example, in Kronbauer and Meneghel's (2005) study, 75% of the sample earned the Brazilian minimum monthly wage or less (equivalent to 82.70 US\$ at the time), and 55% lived in slums.

Other studies have focused on female samples with lower educational status (e.g., Garcia et al., 2008; Marinheiro et al., 2006; Moura et al., 2009). Even though some studies show that poverty, social exclusion, low education, and being female are risk factors for sexual victimization (Krug et al., 2002), the international literature reveals that the phenomenon is by no means restricted to lower classes (e.g., Spitzberg, 1999). In fact, there is evidence from a large body of research that sexual aggression is rife on university campuses (Fisher, Daigle, & Cullen, 2010), and that the transition to college is a high-risk period for sexual victimization, designated by some authors as a “red zone” (Flack et al., 2008).

The Current Study

The current study was designed to provide a comprehensive analysis of sexual aggression and victimization since the age of 14 among Brazilian college students (a socially privileged group), addressing the limitations of previous Brazilian research outlined above. It included men and women both as victims and perpetrators and used the *Sexual Experiences Survey* (SES; Koss et al., 2007) as a standard assessment tool. The focus of the research was on sexual aggression between individuals who could, in principle, have been partners in a consensual relationship. For this reason, sexual abuse in childhood (i.e., before the age of 14) was not included in our measures of sexual aggression and victimization.

For the purposes of our study, sexual aggression is defined as sexual activities that are performed without the target person’s consent. These activities include a broad spectrum of behaviors: from kissing, rubbing up against the private areas of someone’s body and oral sex (or attempt) to the introduction (or attempt) of fingers, objects or the penis into a woman’s vagina or someone’s anus. They can be perpetrated through different aggressive strategies, such as verbal coercion, use or threat of force, and exploitation of the victim’s incapacitated state. Using

multiple behaviorally specific questions, the present research assessed the prevalence of self-reported sexual perpetration and victimization, broken down by the type of nonconsensual sexual acts (sexual touch, attempted and completed vaginal, anal and oral penetration) and aggressive strategies (verbal pressure, exploitation of the victims' incapacitated state, and use or threat of physical force). The SES uses gender neutral language (E.g., "someone" instead of "a man" or "a woman") and recognizes that women and men can be victims or perpetrators of rape, which is consistent with the new definition of rape in Brazil. According to the Brazilian Penal Code, rape (Art. 213) means "to force someone, through violence or serious threat, to have carnal knowledge or to commit or make someone commit other lewd acts". Cases that involve alcohol or drug intoxication by the victim are mentioned in the definition of "rape of a vulnerable person" (Section 217-A, § 1). This category includes, among other conditions, "to have carnal knowledge or commit other lewd acts with someone who lacks the necessary insight to such action, or for any other cause, cannot resist" (Brazil, 2009). The new rape law in Brazil also uses gender neutral terms and considers both genders as potential victims or perpetrators of rape.

The decision to focus on first-year college students was based on evidence identifying the first college year as a high-risk period for unwanted sexual experiences. Undergraduate life is considered a time of exploration. Starting college is a period of increased autonomy as many students live away from their parents for the first time. For many young adults in Brazil, sexual life begins during this period (Pirota & Schor, 2004). They may have several casual relationships, postponing marriage until they have completed their education (Pirota & Schor, 2004) and engage in sexual behavior with multiple partners (Caetano et al., 2010). Students also have a higher consumption of alcohol and illicit drugs than the general population (Andrade, Duarte & Oliveira, 2010), which may put them at an increased risk of sexual aggression and

victimization (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). Because of the combination of risk factors that renders the transition to university a vulnerable period for sexual aggression and victimization, first-year students were selected as the target group for the present research.

Religiosity was included in our study because it is an integral feature of Brazilian culture. It was found to be associated with a lower risk of sexual victimization in past research in a Latin American context (Lehrer, Lehrer, Lehrer, & Oyarzun, 2007). Lower church attendance was also related to higher intentions to use violence (DuRant, Treiber, Goodman, et al., 1996) and higher rates of sexual aggression (Borowsky, Hogan, & Ireland, 1997). Religiosity may prevent risky behavior that is shown to be associated with sexual aggression: Religiosity was found to be a protective factor against alcohol and drug abuse (Kulig, 2005). Greater religiosity was also linked to later sexual debut of female adolescents (Rostosky, Wilcox, Wright, & Randall, 2004), lower likelihood of engaging in sexual intercourse (Zaleski & Schiaffino, 2000), fewer sex partners if sexually experienced (Barkan, 2006) and negative attitudes toward nonprocreative sexual activities and guilt towards masturbation (Davidson, Moore, & Ullstrup, 2004). Therefore, we predicted that religious commitment would be an indicator of a less active pattern of sexual behavior that would in turn be associated with lower rates of sexual aggression and victimization. This prediction is based on strong evidence that high sexual activity is linked to both sexual aggression and sexual victimization (e.g., Abbey & McAuslan, 2004; Halpern et al., 2009).

Guided by previous North American and European studies on sexual aggression among college samples, the present study sought to present quantitative data on the prevalence of sexual aggression and victimization since age 14 from a large sample of Brazilian first-year college

students. We expected to find that victimization rates would be higher among women than among men, whereas perpetration rates would be higher for men than for women. We further expected that strong religious beliefs would be associated with a lower probability of both sexual aggression and victimization.

Method

Participants

The sample consisted of 742 freshmen college students at the University of Sao Paulo, including 411 women and 329 men, from 24 university classes (eight classes from humanities or social sciences, eleven from natural sciences and five from mathematics). Two participants failed to indicate their sex and were included in analysis only when rates for the entire sample were provided. Table 1 presents demographic information for female and male participants. The sample was composed almost exclusively of Brazilian nationals (97.5%). The average age was $M = 20.1$ years ($SD = 2.9$; range 17-50 years). In terms of age of first sexual intercourse (16.4 years for men and 17.0 for women; see Table 1), participants are highly similar to the sample studied by Andrade et al. (2010), who found that the majority of college students had their first sexual relationship between 15 and 18 years of age, with boys stating that they started somewhat earlier than girls.

Measuring Sexual Victimization and Perpetration.

A Portuguese version of the Short Form of the Sexual Experiences Survey (SES) was created to measure both sexual victimization (SES-SFV) and sexual perpetration (SES-SFP) in men and women (Koss et al., 2007). The SES uses gender neutral language and includes seven items. It is designed to measure sexual aggression and victimization in both heterosexual and same-sex encounters. The items provide behaviorally specific descriptions of unwanted sexual

acts (kissing/petting, and completed or attempted forms of sexual intercourse, anal and oral sex). Each item comprises behavioral descriptions of different aggressive strategies: (a) verbal pressure, (b) exploitation of the victim's incapacitated state (e.g. following alcohol or substance intoxication), and (c) use or threat of physical violence. *Rape* is defined as vaginal or anal penetration (with penis, fingers or objects) and oral sex (obtained or performed) perpetrated through the use or threat of force and exploitation of a victim's incapacitated state. *Sexual coercion* includes the same sexual acts of the category of rape, but obtained through verbal coercion. *Sexual contact* involves completed acts of fondling, kissing, rubbing and disrobing, but not intercourse, using any kind of aggressive strategies, i.e., the use or threat of force, exploitation of a victim's incapacitated state and verbal coercion (Koss et al., 2007). A further item asks about the gender of the victim (perpetration items) or the perpetrator (victimization items): "Did you do any of the acts described in this survey one or more times? If yes, what was the sex of the person or persons to whom you did them?" Response options were "male only", "female only", "both male and female" or "no experiences reported".

Sexual aggression and victimization were elicited for two time windows: (1) the last 12 months, and (b) since the age of 14 up to the last 12 months. The English version of the SES Short Form was translated into Brazilian Portuguese by a Brazilian Portuguese speaker. Three further native speakers were consulted to discuss and adapt the first translation. This first Brazilian version was then back-translated into English by an American speaker and compared against the original English version. The few differences were discussed and, where appropriate, modified in the Brazilian Portuguese version.¹ Ten college students were invited to read the questionnaire and to identify possible comprehension problems. The final version was then reviewed by a Brazilian Portuguese teacher to check grammar, spelling, and punctuation.

Relationship to the victim or perpetrator. The original versions of the SES do not elicit information about the relationship between victim and perpetrator. A single item was added in the Portuguese version asking participants who reported at least one instance of victimization or perpetration to indicate their relationship to the perpetrator or to the victim as: (a) stranger, (b) acquaintance, (c) dating partner and (d) steady partner. Multiple responses were possible on this item.

Sexual experiences. The participants were asked to indicate (a) if they had ever been in a steady relationship, and (b) if they had ever had sexual intercourse. In case of an affirmative answer to question (b), they were also asked to indicate their age at first intercourse and the number of sexual partners. In addition, they were asked to indicate their sexual orientation on a 7-point scale ranging from (1) = heterosexual to (7) homosexual. Participants with responses between (2) and (6) were included in the bisexual group, participants indicating (1) and (7) were categorized as heterosexual and homosexual, respectively.

Demographic background. Participants were asked about their age, sex, nationality, religion, and active practice of their faith.

Procedure

The study was approved by the Ethics Committee of the University of Potsdam, where the first and second authors are based, and by the Ethics Committee of the University of Sao Paulo, where the data were collected. Professors who taught freshman classes were approached by the first author, and those agreed to collaborate allocated lecture time to the administration of the survey. The students were approached by a female researcher and asked to complete an anonymous paper-and-pencil questionnaire on “The Sexuality of Young Adults”. They received an information letter that described the purpose of the study and guaranteed the anonymity of

responses. Further information about the study was offered if needed before written consent was obtained. Among the students who signed the consent form, only six withdrew their participation. The researcher stayed in the room until the end of the data collection. The measures were completed in the classroom setting, and seating arrangements ensured privacy while participants worked on the questionnaires. To address the possibility that the questionnaire might elicit painful memories in participants with a history of sexual victimization or perpetration, an information sheet listing counseling agencies was handed out to each participant.

Results

Sexual Behavior and Religiosity

To explore the role of religiosity as a protective factor against sexual aggression and victimization, we first examined differences between religious and nonreligious participants regarding two aspects of sexual behavior: whether they had already experienced their first sexual intercourse and, if so, at what age. Because these two variables differed between men and women, analyses were conducted separately by gender. For men and women, the rate of coital experience was significantly lower among participants who actively practiced their religion than among the nonreligious participants, (for men: 87.0 vs. 76.6%, $\chi^2(1, N = 326, p < .05$; for women: 68.8% vs. 56.3%, $\chi^2(1, N = 409, p = .01$). Religious participants in the male sample were also significantly older at the time of their first sexual intercourse ($M = 16.94, SD = 2.00$) than the nonreligious participants ($M = 16.31, SD = 1.90$), $F(1,272) = 6.14, p < .05$). For the female sample, the difference was in the same direction, but not significant ($M = 17.32, SD = 1.99$ vs. $M = 16.97, SD = 1.91, F(1,264) = 2.15, p = .14$).

Prevalence of Sexual Victimization

Reports for the past 12 months and the period from age 14 up to 12 months ago were combined to yield an index of prevalence since age 14. The combined prevalence rate of victimization for the two time windows (past 12 months and since age 14 up the past 12 months) was 27% among men and 29% among women across all aggressive strategies and sexual acts. In the total sample, verbal pressure was the most frequently reported aggressive strategy (19.3%), followed by exploitation of the victim's inability to offer resistance (13.6%) and the threat or use of physical force (4.9%). Comparing men and women, the prevalence rates were, respectively, 16.4% and 22% for verbal coercion, 15.8% and 12% for exploitation of the victim's incapacitated state, and 4.6% and 5.1% for threat or use of physical force. None of these rates differed significantly by gender.²

To obtain a non-redundant index of each participant's victimization and perpetration status, respondents were classified according to the most severe form of sexual victimization they reported, using the scoring procedure proposed by Koss et al. (2008). (1) *Sexual contact* (without penetration) through the use of verbal pressure, exploitation of victim's intoxicated state, threat or use of physical force, but no attempted sexual coercion, sexual coercion, attempted rape, and rape. (2) *Attempted sexual coercion*, i.e., attempted oral, vaginal or anal penetration using verbal pressure, but no sexual coercion, attempted and completed rape; (3) *Sexual coercion*, i.e., completed oral, vaginal or anal penetration using verbal pressure, but no attempted or completed rape; (4) *Attempted rape*, i.e., attempted oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force, but no completed rape; and (5) *Completed rape*, i.e., completed oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force. The

categories of rape and attempted rape used by Koss et al. correspond to the legal definition of rape in Brazil, as quoted earlier.

Across both gender groups, the most serious form sexual victimization with the highest frequency was sexual contact, with a rate of 12.3% of respondents, followed by rape with 5.4%, attempted coercion with 4.3%; sexual coercion with 3.8%, and attempted rape with 2.3%. Table 2 presents the non-redundant prevalence rates of sexual victimization separately for men and women, controlling for differences in number of partners. Because men had significantly more sexual partners than did women, this variable needed to be controlled to avoid a confound between gender and sexual activity. Logistic regression analyses were conducted for each level of victimization as the criterion with gender and number of partners as predictors. As the two gender groups differed substantially in their rate of coital experience (83% of men and 63% of women), Table 2 also presents the figures for sexually experienced participants in each gender group to facilitate the comparison between men and women unaffected by differences in coital experience. Table 2 shows that non-redundant victimization rates were significantly higher among women for sexual coercion and attempted sexual coercion, even when controlling for number of partners. No significant gender differences were found for sexual contact and for the more severe forms of attempted rape and rape.

Among those men who reported at least one episode of victimization ($N = 89$), 65% answered the item about sex of perpetrator. Of those, 72% were victimized only by women, 16% only by men, and 12% by both men and women. Around 83% of male victims reported that they knew their perpetrators as acquaintances, casual or steady partners, 12% reported having been victims of strangers, and 5% had been assaulted both by a stranger and someone they knew.

Among the female victims ($N = 119$), 67% indicated the sex of the perpetrator. Of those, 96.3% were assaulted only by men, 1.2% only by women, and 2.5% by both sexes. About 93% of female victims had known their perpetrator before. Around 2% of females reported that the perpetrator had been a stranger, and 5% reported having been victimized by a stranger and by someone they knew.

Given that a substantial proportion of men reported victimization by a male perpetrator, Table 3 presents the figures for sexual victimization according to sexual orientation. Men who identified themselves as bisexual or homosexual showed higher rates of victimization compared to heterosexual men. However, the bisexual and homosexual groups were too small to test for statistically significant differences.

To examine the relation between prevalence of victimization and religion accounting for the gender difference in religiosity, a logistic regression analysis was conducted with active practice of religion and gender as predictors and victimization (yes/no) as the criterion. Victimization rates were significantly lower among religious participants, $b = -.438$, $SE = .17$, $Exp(B) = .65$, $p < .01$. Experiences of victimization were reported by 32% of non-practitioners ($N = 425$), and by 24% of practitioners of any religion ($N = 310$).

Prevalence of Perpetration

The combined prevalence rate of perpetration for the two time windows was 16.3 % (3% among females and 33.7% among males) across all aggressive strategies and sexual acts. These rates indicate that approximately one in three male students, but only a very small proportion of female students reported at least one episode of sexual perpetration. Considering the total sample, verbal pressure was the most frequently reported aggressive strategy by men and women, 24.3% and 2.2%, respectively, followed by exploitation of victim's inability to offer

resistance, 21% and 1.5%, and the threat or use of physical force, 2.7% and 0.2%. Significantly more men than women reported committing all forms of sexual aggression.

Using the scoring procedure proposed by Koss et al. (2008), respondents were categorized according to the most severe form of sexual aggression they reported, as shown in Table 4. The most serious sexual aggression with the highest prevalence was sexual contact for 5.3% of respondents, followed by rape for 4.2%, sexual coercion for 3.6%, attempted coercion for 1.9%, and attempted rape for 1.8%.

Among those men who reported at least one episode of perpetration ($N = 109$), 84% respond to the item about the sex of their victim(s). Of those, approximately 92.3% indicated that victim(s) had been female, 4.3% indicated their victim(s) had been male, and 3.3% had victimized both men and women. 86.8% of male perpetrators reported that they had known their victim(s) before (acquaintance, casual or steady partner), 5.5% reported they had been strangers, and 7.7% reported sexual aggression toward both strangers and someone they knew. Among female perpetrators ($N = 12$), only 42% ($N = 5$) indicated the sex of the victim. In all cases, the victim(s) were male. Six of the female perpetrators had known their victim before.

Because many men reported nonconsensual acts that involved male victims, Table 5 presents the figures for sexual perpetration according to sexual orientation. Men who identified themselves as bisexual or homosexual were more likely to report rape than heterosexuals. Homosexuals reported the highest rates of perpetrating sexual contact. Among women, bisexuals reported the highest rates for all forms of sexual aggression. Homosexual women reported no sexual perpetration experiences. Significance tests were precluded by the small number of participants in the homosexual and bisexual groups.

Regarding the link between perpetration and religion, the logistic regression analysis showed including both religiosity and gender showed no significant link between religiosity and sexual aggression. Finally, as 9% ($N = 66$) of participants reported both victimization and perpetration, the Contingency Coefficient was computed to address the association between the two roles. The findings broken down by gender are displayed in Table 6. The findings showed that the two variables were significantly related for both sexes. This group of 66 participants represents 32% of all victims and 53% of all perpetrators. A further 8% of students were perpetrators only, 19% were victims only and 64% were neither victim nor perpetrator.

Discussion

The purpose of this study was to explore the prevalence of nonconsensual sexual interactions in a young adult sample of first-year college students in Brazil. The study used behaviorally specific items regarding different forms of sexual aggression: rape, attempted rape, sexual coercion, attempted sexual coercion and sexual contact. The analysis of nonconsensual sexual contacts involving different coercive strategies revealed that since age 14, about 28% of the participants (29% of women and 27% of men) had experienced at least one episode of victimization, including attempts. As expected on the basis of previous research with college samples (e.g., Kilpatrick et al., 2007), the present study revealed higher prevalence rates than those presented by most earlier Brazilian studies that were limited to instances of sexual aggression by an intimate partner, disregarding strangers or acquaintances or used a more limited set of questions to elicit sexual victimization (e.g., Moura et al., 2009; Schraiber, D'Oliveira, Franca-Junior et al., 2007; Schraiber et al., 2008), which is known to elicit lower rates (Koss, 1993).

More women than men reported having been the victim of sexual coercion or attempted sexual coercion, but there were no significant gender differences concerning other forms of nonconsensual sexual acts and aggressive strategies. The figures suggest that victimization rates among female and male students in Brazil are similar. The high rates of self-reported sexual victimization among men in the present study are unusual, but not unique. Muehlenhard and Cook (1988) found that more men (62.7%) than women (46.3%) reported engaging in unwanted sexual intercourse. Other studies presented similar percentages of men and women that reported having been subjected to different forms of sexual aggression. Larimer, Lydum, Anderson, and Turner (1999) found no gender differences in reported unwanted sexual intercourse when the partner was too aroused to stop, when they felt pressured by a partner's continuous arguments, or when they were given alcohol or drugs. Lane and Gwartney-Gibbs' (1985) study showed that men (12.8%) were as likely as women (12.5%) to report having nonconsensual intercourse while intoxicated. In McConaghy and Zamir's (1995) study, 26% of men and 31% of women had been subjected to constant physical attempts to have sexual activity with aggressors of the opposite sex, but more men (17%) than women (10%) reported experiencing unwanted sexual intercourse because their partners were too aroused to be stopped. In Sweden, about 6% of men and 9% of women reported being subjected to sexual coercion because someone got them drunk or stoned (Lottes & Weinberg, 1996). In addition, an increasing number of studies have documented the sexual victimization of men (e.g., Krahe, Scheinberger-Olwig, & Bieneck, 2003; Krahe, Waizenhöfer, & Möller, 2003; Struckman-Johnson et al., 2003). It should also be noted that the male participants reported substantially higher numbers of sexual partners, and number of sexual partners was established as a risk factor of sexual victimization in many studies involving female participants (e.g., Halpern, Spriggs, Martin, & Kupper, 2009; Messman-Moore, Coates, Gaffey,

& Johnson, 2008). Concerning perpetration, our data revealed that since age 14, about 16.3% of the present sample of Brazilian college students had committed at least one episode of perpetration, including attempts. The female rate (3%) was, however, substantially lower than the male rate (33.7%) across all sexual acts and aggressive strategies.

Although men's and women's reports are independent as we studied individuals, not couples, it is still noteworthy that the perpetration rate for women (3%) is almost 90% lower than the victimization rate reported by men (27%). Although victimization rates are generally lower than perpetration rates, as demonstrated by a large body of research (Anderson & Sorenson, 1999, Archer, 1999), the discrepancies in our data are large by the standards of previous research. At the same time, men's reported perpetration rate of 33.7% is higher than women's reported victimization rate of 29%. Intentional overreporting by men concerning both victimization and perpetration is unlikely. Perpetrating sexual aggression is a socially undesirable and potentially criminal form of behavior that is more likely to be underreported than to be exaggerated. In fact, Krahe, Reimer, Scheinberger-Olwig, and Fritsche (1999) found that men's lower test-retest stabilities on a German version of the Sexual Experiences Survey compared to women's was due to a higher proportion of men retracting "yes"-responses at the second measurement. Sexual victimization also is a socially undesirable experience for men even more so than for women because of a greater incompatibility of the victim role with the male gender stereotype, again making overreporting unlikely. If anything, it could be the case that women underreported their sexual aggression because the very idea of women coercing men into sexual activities runs counter to traditional sexual script of men as initiators and women as gatekeepers of sexual intimacy (Krahe, 2000). This possibility cannot be ruled out conclusively on the basis of the present data but the use of behaviorally specific questions rather than value-

laden labels, such as “rape”, in the SES is designed to reduce the probability of underreporting. We will return to the issue of low perpetration rates for women below.

Another reason for the relatively high male victimization rate in relation to women’s perpetration rate may be that a substantial proportion of male victims were sexually assaulted by a male perpetrator. Of those who indicated the sex of perpetrator, 28% of male victims reported that their victimization experiences involved a male perpetrator. By contrast, only 3.7% of female victims reported that some or all of their victimization experiences involved a female perpetrator.

Furthermore, the higher rates of male victimization and perpetration could be attributed to men’s lower religious commitment. More men (35%) than women (17%) declared themselves as nonreligious; and of those male students belonging to a religious community, only 34% actively practiced their faith, compared to almost 49% of females. As expected, participants who actively practiced their religion were less likely to report sexual victimization in the present sample, at least partly because they were less prone to risk factors that show to be associated with sexual victimization, such as early onset of sexual activity.

The low perpetration rate by women needs to be seen in the context of the traditional gender role in Latin America. The roles of victims and perpetrators are unequivocally distributed along gender lines in Brazil. It was not until 2009, much later than in North-American and European countries, that Brazilian rape law was defined in gender-neutral terms, recognizing men as potential victims of rape. Perpetration is so strongly associated with men that women may have overlooked questions concerning perpetration because they failed to see themselves as potential sexual aggressors. By way of informal support for this assumption, some female

participants inquired in the data collection sessions if they were expected to also complete the perpetration part of the questionnaire.

Conceptualizing sexual aggression as a behavior shown by male perpetrators towards female victims is also reflected in the predominance of studies in the Brazilian research literature that explored sexual victimization in all-female samples (see de Moraes et al., 2006; Schraiber et al., 2008, for exceptions). Women's sexual aggression may conflict with idealized social representations of femininity and motherhood (Motz, 2001). By the same token, men's victimization may be ignored due to strong societal beliefs that men are unlikely to be sexually coerced (Coxell & King, 1996). Support systems for victims of sexual aggression in the Brazilian health service are so strongly committed to these gender roles that it seems inconceivable, even to health professionals, to recognize men as victims of sexual assault. A qualitative study by Sarti, Barbosa, and Suarez (2006) described a case of a man who sought medical care in Sao Paulo, presenting as a victim of sexual aggression. The case analysis illustrates, first, the incredulity of health professionals in recognizing him as a victim, and second, their assumption that he was homosexual, even though no information about his sexual orientation had been provided. Fear of stigma, shame, and reluctance to claim victim status may explain why victimized men do not seek medical, psychological, and legal assistance (Day, Gough, & McFadden, 2003; Muehlenhard & Cook, 1988) and many may not even be aware of the availability of professional help. In combination, these findings suggest that even though many female victims do not seek medical and psychological help, male victims may be even less likely to seek and receive support.

Challenging myths and stereotypical representations of gender may promote the understanding of relationships between men and women with regard to sexuality and aggression.

Myths of masculinity, such as “men are always willing to have sex” and “real men would never refuse a woman’s advances” (Muehlenhard & Cook, 1988), influence perceptions of sexual interactions as well as sexual behavior in both gender groups. A qualitative study showed that these myths are strongly present in romantic relationships of Brazilian youths (Rieth, 2002). If “men are always ready for sex”, women may not recognize their aggressive behavior as sexual perpetration. One study showed that the refusal of sex by men in episodes of sexual coercion made their female partners question their masculinity, which threatened their male identity (Cordeiro, Heilborn, Cabral Cda, & de Moraes, 2009). Behavioral repertoires linked to conventional beliefs about masculinity may be adaptive for men in traditional relationships, but they may also limit men’s autonomy. Muehlenhard and Cook (1988) showed that men were likely to engage in unwanted sexual intercourse with women because of sex-role concerns, inexperience, peer pressure, and desire for popularity. To meet the demands of their male sex role, they are expected to be sexually active and experienced. For men, it seems better to engage in sexual intercourse without really wanting it, demonstrating virility, than having their manhood challenged.

Over the last decade, the international literature has gradually recognized men as targets of sexual aggression. Concerns about male victimization do not exonerate male perpetrators, nor do they minimize the impact and seriousness of men’s sexual aggression against women. Differences in physical strength (or the threat of harm that male strength can cause) characterize male aggression against women. Research on female victimization had and still has a strong impact on social, political, and public health responses that protect women from violence perpetrated by men in Brazil (Schraiber, D'Oliveira, Couto et al., 2007). But there are clearly other manifestations of aggression, such as male victimization, that are not explained through the

logic of gender inequalities (Badinter, 2003). Hines' (2007) study suggested that the level of hostility toward the opposite sex was a better predictor of sexual coercion rates than the status of women in a society. She found that high scores of gender hostility to men reported by women in Sao Paulo were strongly linked with male sexual victimization. Future research is necessary to confirm this association.

The present study provided evidence that a considerably higher proportion of female and male students in a Brazilian sample experienced nonconsensual sexual interactions through different coercive strategies than shown in earlier studies with general population samples. The figures show that many students reported acts, as victims or perpetrators, that met the legal criteria of rape or attempted rape according to the Brazilian law (Brazil, 2009). It is important, however, to note the limitations of our study.

First, using the revised SES as the assessment tool yielded detailed information about the aggressive strategies used and the sexual acts involved and enabled us to relate the findings to a growing international data set based on this instrument. This advantage, however, came at the expense of assessing other important aspects of unwanted sexual experiences in a summary fashion only. In particular, the SES does not record whether the reported incidents of sexual aggression and victimization occurred in an ongoing relationship or between people outside a steady relationship. A single question was added to the SES in the present study asking participants to indicate if the incidents reported involved a current or former partner, an acquaintance, or a stranger, with multiple responses possible on this item. Future studies should use a more fine-grained approach and elicit the relationship between victim and perpetrator for each instance of sexual aggression and victimization. Similarly, the SES only contains one summary item addressing the sex of the perpetrator/victim. We recorded how many participants

were victimized by men, women, or both men and women, but no information was recorded about the proportion of different perpetrators from either sex. Furthermore, a substantial minority of participants failed to answer the item related to sex of their victims or their perpetrators. It could be the case that these participants found the first part of this item redundant (*Did you do any of the acts described in this survey 1 or more times?*) and therefore failed to attend to the second part (*If yes, what was the sex of the person or persons to whom you did them?*). Therefore, the findings concerning the gender constellation between victims and perpetrators need to be interpreted with caution. Finally, participants represented a convenience sample of students and are therefore not representative of the college student population in Brazil. It is important, however, to point out that the University of Sao Paulo (USP) is one of the most prestigious Universities in Brazil³ and it enrolls students from different socioeconomic backgrounds.⁴ It is located in Southeast Brazil, the most populous region in the country⁵ and where almost 49% of Brazilian college students live and study according to the last census of the Brazilian government (Brasil, 2010). For that reason, USP is an important regional and national educational reference in Brazil. These factors do not guarantee that the present results can be generalized to all college students in the country, but they do suggest that sexual aggression may be a problem that also exists in other universities in Brazil, since students in different parts of the country share similarities regarding exposure to risk factors during college years (Andrade et al., 2010). Other studies with samples that include undergraduate students from different regions of the country in all its diversity are necessary to substantiate the present results. Despite these limitations, the findings provide systematic data on the prevalence of sexual aggression among college students in Brazil and contribute to the emerging international data base on the scale of sexual aggression in the sensitive period of starting university.

Footnotes

¹ For example, the use of “*their clothes*” in the original version of SES was back-translated as “*his/her clothes*”. The final Brazilian version maintained “their clothes”. Additionally, in the following sentence “*Even though it did not happen, I tried to have oral sex with someone or make them have oral sex with me without their consent by...*”, the back-translator suggested the repetition of “I try” before the verb “make”. Regarding the original form of SES, the verb was not repeated in the Brazilian version.

² All percentages are based on valid cases, missing data were excluded from the count.

³ <http://www.topuniversities.com/university-rankings/latin-american-university-rankings/2011>.

⁴ https://sistemas.usp.br/anuario/tabelas/T03_04.pdf.

⁵ http://www.ibge.gov.br/home/estatistica/populacao/estimativa2011/tab_Brasil_UF.pdf.

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Table 1

Demographic Background and Sexual Experience

	Men (N=329)	Women (N=411)
<i>M</i> Age (SD)	20.3 (3.03)	19.9 (2.79)
Religion (%)		
None*	35	17
Any	65	83
Catholic	41	54
Protestant	9.4	13
Spiritist	9.1	12
Afro- Brazilian religion	0.6	0.5
Other	5	2.9
Active Practice of Religion (%)*	34	49
Sexual Orientation (%)		
Heterosexual	93	90
Bisexual	5	9
Homosexual	2	1
Ever had a steady partner (%)	70	75
Ever engaged in sexual intercourse (%)*	83	63
<i>M</i> Age at 1 st intercourse (SD)**	16.4 (2.15)	17 (1.88)
<i>M</i> Number of sexual partners (SD; Median; Mode)	7.7** (12.48; 4; 1)	2.5 (3.47; 1; 1)

Note. * Gender difference based on χ^2 - tests = $p < .001$. ** Gender difference based on t-test = $p < .001$.

Table 2

*Prevalence Rates of Sexual Victimization since Age 14 According to the Most Severe Form**Reported (in %; Scoring based on Koss et al., 2008)*

	Men		Women	
	Total <i>N</i> = 329	With coital experience <i>N</i> = 273	Total <i>N</i> = 411	With coital experience <i>N</i> = 257
Victimization level				
None	72.9	70.3	71.1	64.2
Sexual contact	15.2	16.5	10.0	10.9
Attempted sexual coercion	2.4*	2.2**	5.8	7.4
Sexual coercion	2.1*	2.6**	5.1	7.8
Attempted rape	1.5	1.8	2.9	3.9
Rape	5.8	6.6	5.1	5.8

Note. Gender difference: * $p < .05$; ** $p < .01$, controlling for number of sexual partners.

Table 3

Prevalence Rates of Sexual Victimization since Age 14 According to the Most Severe Form Reported and Sexual Orientation (in %)

	Men (N = 328)			Women (N = 410)		
	Heterosexual (N = 304)	Bisexual (N = 17)	Homosexual (N = 7)	Heterosexual (N = 371)	Bisexual (N = 35)	Homosexual (N = 4)
Sexual contact	15.5*	17.6	0	10.2	8.6	0
Attempted sexual coercion	2*	11.8	0	5.9	5.7	0
Sexual coercion	1.3*	5.9	28.6	4.9	8.6	0
Attempted rape	1	5.9	14.3	2.2	11.4	0
Rape	5.3	11.8	14.3	4	14.3	0

Note. Gender difference: * $p < .05$. Only heterosexual groups were compared.

Table 4

Prevalence Rates of Sexual Aggression since Age 14 According to the Most Severe Form Reported (in %; Scoring based on Koss et al., 2008)

	Men		Women	
	Total <i>N</i> = 329	With coital experience <i>N</i> = 273	Total <i>N</i> = 411	With coital experience <i>N</i> = 257
Perpetration level				
None	65.9**	61.9**	96.8	96.5
Sexual contact	9.1**	9.5**	2.0	1.9
Attempted sexual coercion	4.0**	4.3*	0.2	0.4
Sexual coercion	7.0**	8.0**	0.7	1.2
Attempted rape	4.2**	5.2**	0.2	0
Rape	9.4**	11.0**	0.0	0

Note. Gender difference: * $p < .01$; ** $p < .001$

Table 5

Prevalence Rates of Sexual Perpetration since Age 14 According to the Most Severe Form Reported and Sexual Orientation (in %)

	Men (N = 328)			Women (N = 410)		
	Heterosexual (N = 304)	Bisexual (N = 17)	Homosexual (N = 7)	Heterosexual (N = 371)	Bisexual (N = 35)	Homosexual (N = 4)
Sexual contact	9.2*	5.9	14.3	1.6	5.7	0
Attempted sexual coercion	4.3*	0	0	0	2.9	0
Sexual coercion	7.6*	0	0	0.5	2.9	0
Attempted rape	4.6*	0	0	0	2.9	0
Rape	8.2*	23.5	28.6	0	0	0

Note. Only heterosexual groups were compared. Gender difference: * $p < .001$

Table 6

Overlap of Perpetrator and Victim Roles

	Men	Women
Neither victim nor perpetrator	182	290
Victim only	35	106
Perpetrator only	57	1
Victim and perpetrator	54	12

Note. For men, $C = .36, p < .001$; for women $C = .25, p < .001$.

Chapter 5

Predicting Sexual Aggression in Male College Students in Brazil

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Abstract: The study is the first to provide data on risk factors for sexual aggression in male college students in Brazil. A total of $N = 286$ participants took part in the study, of whom a subsample of $n = 120$ participated in two measurements separated by a six-month interval. Cognitive (i.e., risky sexual scripts, normative beliefs), behavioral (i.e., pornography use, sexual behavior patterns) and biographical (i.e., childhood abuse) risk factors were linked to sexual aggression both cross-sectionally and longitudinally with the path models for the cross-sectional and longitudinal analyses demonstrating good fit with the data consistent with the hypotheses. The extent to which risk factors for sexual aggression (alcohol consumption, casual sex, and ambiguous communication) were included and normatively accepted in participants' cognitive scripts for consensual sex was linked to sexual aggression through risky sexual behavior. Risky sexual behavior was further predicted by childhood abuse, and pornography use was linked to sexual aggression via risky sexual scripts. The findings contribute evidence from Brazil to the international data base on risk factors for sexual aggression in male college students.

Keywords: Sexual aggression, sexual scripts, pornography, childhood abuse, Brazil.

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Predicting Sexual Aggression in Male College Students in Brazil¹

Sexual aggression among college students has been identified as a serious social problem. In the United States, a study by Schatzel-Murphy, Harris, Knight, and Milburn (2009) found that 67.7% of men reported some form of sexual coercion, defined as the use of tactics aimed at engaging in sexual contact with an unwilling person. Using the revised *Sexual Experiences Survey* (SES; Koss et al., 2007), Swartout (2012) reported approximately one in four male U.S. college students reported some form of sexual aggression since the age of 14. Covering an eight-month period during the first year at college, 11% of U.S. male students surveyed reported having shown some form of sexual aggression, and 4.3% reported having committed a completed rape (Thompson, Koss, Kingree, Goree, & Rice, 2011).

Similar to the studies cited above, the vast majority of studies about male sexual aggression come from the United States. Much less is known about the scale and risk factors of sexual aggression among university students in other parts of the world, such as Latin America. The present study contributes data on male college students' sexual aggression from Brazil where the problem has been largely understudied. In one of the few studies with college students in Brazil, it was shown that 34% of the male participants reported some form of sexual aggression, including rape and attempted rape since age 14 (D'Abreu, Krahé, & Bazon, 2012). College years are the period when many students begin their sexual life (Pirotta & Schor, 2004) and establish patterns of sexual behavior that are linked to a higher risk of sexual aggression, such as engaging in casual sex (Caetano et al., 2010), excessive alcohol consumption (Andrade, Duarte, & Oliveira, 2010), and increased use of pornography (Bruzzell, 2005). The study of

¹ Because the publication of the present thesis is based on three scientific papers based on data of one single sample, the repetition of definitions, theories, hypotheses, conclusions and limitations throughout the dissertation was inevitable.

mechanisms that underlie the initiation and maintenance of aggressive behavior in sexual interactions among students can make an important contribution toward understanding the etiology of sexual aggression and preventing the problem in the future.

A number of different risk factors have been proposed as predictors of young men's sexual aggression. In the present research, we examine cognitive representations of consensual sexuality in the form of sexual scripts, sexual behavior patterns, and childhood experiences of abuse in a sample of male college students in Brazil and link them to the probability of sexual aggression, both cross-sectionally and prospectively.

Sexual Scripts and Sexual Behavior

In seeking to understand men's use of aggression to make an unwilling person engage in sexual activities, we assign a critical role to their cognitive representations of consensual sexual interactions. Such cognitive representations, referred to as *sexual scripts*, act as antecedents of sexual behavior (Frith, 2009; Simon & Gagnon, 1986). Sexual scripts are defined as cognitive representations of prototypical sequences of events in sexual interactions (Krahé, 2000). They contain both descriptive information in the sense of elements that are characteristic for a particular situation, and normative information as to how appropriate or acceptable these elements are (see Huesmann, 1998, for a general discussion of normative beliefs and Loh, Orchowski, Gidycz, & Elizaga, 2007, on the normative acceptance of sexual aggression). Both aspects are essential for the activation of scripts and their translation into behavior. Research focusing only on risky *behavior* can be limiting for prevention and intervention programs, because it does not identify and address beliefs and attitudes that underlie these behaviors (Littleton, Axsom, & Yoder, 2006). Risky cognitive representations of sexuality may be

supportive of risky behaviors in sexual interactions and may contribute to an increased likelihood of sexual aggression.

In the present study, we ask whether the extent to which specific *risk factors for sexual aggression* are part of an individual's sexual scripts for *consensual* sexual encounters is linked to the probability of engaging in sexual aggression. The core assumption underlying this research is that the more strongly aspects of sexual behavior associated with an increased risk of sexual aggression are ingrained in men's scripts for consensual sexual interactions, the more likely they will be to engage in sexual aggression. In the context of our analysis, *risk factors* are defined as behavioral features that have been consistently associated with sexual aggression in the research literature. We examine how these risk factors are cognitively represented in sexual scripts for consensual interactions, how they are reflected in sexual behavior and how these scripts and behavioral patterns are linked to sexual aggression. Three groups of risk factors were examined in the present study: (1) alcohol consumption in the context of sexual encounters, (2) readiness to engage in casual sex, and (3) the ambiguous communication of sexual intentions in the form saying "no" but meaning "yes" or saying "yes" but meaning "no".

Alcohol consumption. It is estimated that about half of all sexual assaults are committed by men who are under the influence of alcohol and half of all victims of sexual aggression had been drinking at the time of the assault (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). Both situational drinking and general habits of heavy drinking have been identified as a risk factor for sexual aggression in several longitudinal studies (e.g., Swartout & White, 2010). One of the pathways through which alcohol increases the odds of aggression is by reducing the person's information processing capacities, creating a state of "alcohol myopia". This makes men's perceptions of women's cues less accurate and increases their chances of misperceiving

women's friendly behavior as signalling sexual interest (Farris, Treat, Viken, & McFall, 2008). In addition, many men associate alcohol consumption with having sex and tend to view a woman as more sexually available if she drinks alcohol (Jacques-Tiura, Abbey, Parkhill, & Zawacki, 2007).

Readiness to engage in casual sex. A high level of sexual activity has been associated with a higher probability of sexual aggression because it increases the number of opportunities for perpetration (Malamuth, Sockloskie, Koss, & Tanaka, 1991). The younger the age at first sexual intercourse and the greater the number of sexual partners, the more frequent the occasions where sexual aggression may be shown. In support of this claim, sexually aggressive men were found to be more sexually active than non-perpetrators (Abbey & Jacques-Tiura, 2011) and to show a greater preference for impersonal sex with varying partners (Swartout, 2012).

Ambiguous communication of sexual intentions. Sending out ambiguous messages about sexual intentions in the form of saying “no” but meaning “yes” or saying “yes” but meaning “no” has been found to be associated with an increased likelihood of men’s sexual aggression (Krahé, Scheinberger-Olwig, & Kolpin, 2000). Furthermore, research by Loh Gidycz, Lobo, and Luthra (2005) has found that men’s *perception* that a female partner had engaged in token resistance (i.e., “at first, told or demonstrated to you that they did not want to go any further, but then did proceed to engage in further sexual activity”) was linked to sexual aggression. If they use ambiguous communication strategies themselves, perpetrators may perceive what their partners communicate as ambivalent and may misinterpret resistance cues by women.

Supporting the conceptualization of sexual scripts as guidelines for actual sexual behavior, one prospective study has linked the representation of these risk factors in individuals’ sexual scripts to their actual sexual behavior and to their likelihood of engaging in sexual

aggression (Krahé, Bieneck, & Scheinberger-Olwig, 2007). The more participants saw drinking alcohol or using drugs, having sex after a very short period of acquaintanceship, and communicating sexual intentions in an ambiguous way as part of their sexual scripts for consensual sexual interactions, the more likely they were to report having shown these behaviors in sexual encounters and the more likely they were to report sexually aggressive behavior six months later.

The Link between Pornography and Sexual Scripts

Given the critical role of sexual scripts as cognitive foundations of sexual behavior, the question arises what factors may contribute to the inclusion of risk factors in the scripts for consensual sexual interactions. Pornography has been pointed as one important agent that contributes to the scripting of risky sexual behavior among youths (e.g., Aubrey, Harrison, Kramer, & Yellin, 2003; Štulhofer, Buško, & Landripet, 2010). Pornography may be defined as “any kind of material aiming at creating or enhancing sexual feelings or thoughts in the recipient and, at the same time containing explicit exposure and/or descriptions of the genitals and clear and explicit sexual acts” (Hald, 2006, p. 579). In Brazil, one study with a college student sample showed that 98% of men had been in contact with pornographic material (Guerra, Andrade, & Dias, 2004), indicating that pornography use is ubiquitous among male students in Brazil.

Pornographic material presents sexual scripts that contain many risk factors for sexual aggression, such as sex with multiple partners, readiness to engage in casual sex with a lack of intimacy (Zillmann & Bryant, 1988), and the lack of presenting the emotional and social consequences of sexual interactions (Brown & Bryant, 1989). Alcohol consumption, as a strategy of exploitation used by men (Cowan, Lee, Levy, & Snyder, 1988), and ambiguous

communication, mainly represented by a woman's pretend resistance to a man's advances (Bridges, Wosnitzer, Scharrer, Sun, & Liberman, 2010; Cowan, & Dunn, 1994; Cowan et al., 1988) are other aspects of risky behavior that feature in pornography. Whereas these elements may be assumed to affect the risk of sexual aggression indirectly through certain sexual behavior patterns, there is also a more direct link in that pornography often portrays sexual coercion. An analysis of 304 scenes of pornographic TV content revealed that 88% contained physical aggression and 49% contained verbal aggression. In 94% of the cases, the targets were women (Bridges et al., 2010). Thus, pornography contributes to the "normalization" of sexual behaviors that may increase the risk for sexual aggression.

Childhood Abuse and Links with Risky Sexual Behavior

In addition to cognitive risk factors in the form of sexual scripts and behavioral risk factors, including pornography use, that emerge in the course of sexual development in adolescence, childhood experiences of sexual abuse may have a lasting impact on sexual development as a biographical risk factor for sexual aggression. Indeed, a large body of literature has linked the experience of sexual abuse in childhood to an increased risk of sexual aggression in adolescence and adulthood (see Thomas & Fremouw, 2009, for a review). Sexual aggressors, whether incarcerated (Seto & Lalumière, 2010) or not (e.g., Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006), are more likely to report experiences of child sexual abuse than non-aggressors. These findings are indicative of a victim-perpetrator cycle of sexual violence in which experiences of victimization as a child increase the risk of becoming a perpetrator in adolescence and adulthood. In addition to sexual abuse, other forms of childhood abuse, such as physical abuse (Hines, 2007) and emotional abuse (Zurbriggen, Gobin, & Frey, 2010) have been identified as predictors of later sexual aggression. Further studies have found that sexual,

physical and emotional abuse may promote developmental patterns conducive to sexual aggression, such as alcohol and substance abuse (e.g., Clark, Thatcher, & Martin, 2010; Wilson & Widom, 2011), early age of first sexual intercourse, multiples partners, and lack of stability and commitment in romantic relationships (e.g., Senn, Carey, & Vanable, 2008; Senn, Carey, Vanable, Coury-Doniger, & Urban, 2007). These results suggest that risky sexual behavior may be a critical mediator between childhood experiences of abuse and the perpetration of sexual aggression in adolescence and early adulthood.

The Present Study

The present study investigated cognitive and behavioral aspects of consensual sexuality that may contribute to an increased risk of engaging in sexual aggression among male college students in Brazil. In addition, it examined the indirect role of childhood abuse as increasing the risk of sexual aggression through promoting risky sexual behavior. A key role was assigned to the presence and normative acceptance of risk factors of sexual aggression in men's cognitive scripts for consensual sexual interactions, and to the translation of the scripted risk factors into actual sexual behavior. Based on previous research summarized above, risk factors of sexual aggression comprised alcohol consumption, the use and perception of ambiguous communication, and the readiness to engage in casual sex. Sexual aggression was measured retrospectively since age 14 in the total sample (T1) and, additionally, for the six-month period between T1 and T2 in a subsample of men who took part in a second data wave.

To examine the proposed predictors of sexual aggression, two path models were specified for the cross-sectional and prospective analyses, respectively (see Figures 1 and 2). Based on the understanding of sexual scripts as guidelines for sexual behavior, we predicted in Hypothesis 1 that the presence and normative acceptance of behavioral risk factors of sexual aggression

(frequency of alcohol consumption, use of ambiguous communication in sexual interactions, and readiness to engage in casual sex) in the cognitive scripts for consensual sexual interactions would be associated with showing these risky behaviors in actual sexual encounters. We investigated if the sexual scripts of a *first* sexual intercourse with a new partner predicted risky sexual behavior. This situation was selected because the unpredictability of the first intercourse with a new partner should promote the reliance on generalized sexual scripts as guidelines of behavior (Littleton & Axsom, 2003).

Hypothesis 2 postulated that risky behavior patterns informed by the sexual scripts would be linked to sexual aggression. It was hypothesized that risk scores in sexual behavior would be a significant proximal predictor of sexual aggression, mediating the paths from more distal factors such as cognitive representations, pornography use, and childhood abuse.

Hypothesis 3 considered pornography use as a relevant source of information that feeds into sexual scripts. We predicted that the higher the frequency of pornography use, the more pronounced the risk factors of sexual aggression would be in sexual scripts, the more they would be accepted as normative, and the more likely they would be shown in sexual interactions.

For the link between pornography use and sexual aggression, we assumed both an indirect path via sexual scripts, norms, and sexual behavior and a direct path to sexual aggression (Hypothesis 4), given that sexual violence is a common feature of pornographic material that provides opportunities for observational learning.

Finally, Hypothesis 5 predicted that the experience of childhood abuse in the form of sexual, physical, and emotional abuse would be linked to an increased likelihood of engaging in sexual aggression at T1. In addition to a direct link, an indirect association was predicted through risky sexual behavior.

The direct and indirect pathways to sexual aggression postulated in these hypotheses were examined using structural equation modeling. Childhood abuse was not included in the prospective analysis because this variable could not change between T1 and T2.

Method

Participants

The initial sample consisted of 327 male college students from 24 university classes at the University of São Paulo (eight classes from the humanities, eleven from the natural sciences, and five from mathematics). Of these, 41 men reported neither consensual sexual experience nor any form of sexual aggression and were therefore excluded from further analysis. The final sample for the cross-sectional analyses (T1) consisted of $N = 286$ men with an average age of $M = 20.4$ years ($SD = 3.17$). The majority of the participants were Brazilian nationals (97.6%). A total of 95.5% of participants had engaged in sexual intercourse, and 76.2% had already been in a steady relationship. The mean age at first sexual intercourse was 16.4 years ($SD = 2.15$), the mean number of steady sexual partners was $M = 1.9$ ($SD = 6.3$) and the mean number of casual partners was $M = 5.4$ ($SD = 9.7$); the medians were 1 and 2, respectively.

A subsample of $n = 120$ men participated in a second measurement six months after the initial survey (T2). This subgroup represents the sample for the longitudinal prediction of sexual aggression on the basis of the selected risk factors.

Measures for the Total Sample (T1)

Sexual Aggression

The perpetration of sexual aggression was measured through a Portuguese version of the Sexual Experiences Survey (Koss et al., 2007) created by the present authors. The short form for perpetration (SES-SFP) used in this study consists of seven items that provide behaviorally

specific descriptions of unwanted sexual acts (sexual touch, such as fondling, kissing, attempted and completed sexual intercourse, anal and oral sex). Each item comprises behavioral descriptions of different aggressive strategies: (a) verbal pressure, (b) exploitation of the victim's incapacitated state (e.g. following alcohol or substance intoxication), and (c) use or threat of physical violence. Participants indicate how many times they had engaged in that behavior in a specified time period, ranging from 0 (never) to 3+ (three or more times). Appropriate translation and back translation procedures were employed to ensure that the Portuguese version matched the English original. A full description of the development of the measure is presented in D'Abreu et al. (in press). The same translation and back translation procedure was used for all measures of the predictor variables, which had been originally developed in German.

In line with the standard response format of the SES, participants at T1 were asked to complete the SES-SFP for two time windows: (a) the last twelve months preceding the survey, and (b) since age 14 up to a year ago. Age 14 was specified as the lower age limit because it is the legal age of consent in Brazilian law. Using the scoring procedure proposed by Koss et al. (2008), a mutually exclusive scoring of sexual aggression perpetration was derived from the responses at T1 and T2: (0) *No sexual aggression*; (1) *Sexual contact* (without penetration) through the use of verbal pressure, exploitation of victim's intoxicated state, or threat or use of physical force, but no attempted sexual coercion, sexual coercion, attempted rape, and rape; (2) *Attempted sexual coercion*, i.e., attempted oral, vaginal, or anal penetration using verbal pressure, but no sexual coercion, attempted and completed rape; (3) *Sexual coercion*, i.e., completed oral, vaginal, or anal penetration using verbal pressure, but no attempted or completed rape; (4) *Attempted rape*, i.e., attempted oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force, but no completed rape; and (5)

Completed rape, i.e., completed oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force. Details of the classification procedure are reported in D'Abreu, Krahe, and Bazon (in press). The categories of attempted and completed rape map onto the corresponding legal definitions in Brazil. According to Art 213 of Brazilian Penal Code, rape means to "force someone, through violence or serious threat, to have carnal knowledge or to commit or make someone commit other lewd acts". Cases that involve alcohol or drug intoxication by the victim are mentioned in the definition of "rape of a vulnerable person" (Section 217-A, § 1). This category includes, among other conditions, "to have carnal knowledge or commit other lewd acts with someone who lacks the necessary insight to such action, or for any other cause, cannot resist." (Brasil, 2009).

Risk Factors in Sexual Scripts

Based on earlier research by Krahe et al. (2007), participants were asked to imagine a situation where they had sexual intercourse with a new partner for the first time. The instructions read as follows: "*You spend the evening with someone. In the course of the evening, you sleep together for the first time. Please imagine this situation and describe how it might take place. You are not asked to describe one particular situation you have experienced in the past. Rather, we would like to know what you think a situation like this would normally look like for you.*" The presence of risk factors in individual sexual scripts was measured by a 10-item scale which included two items on casual sex (e.g., "how many times have you met before?"), four items on alcohol consumption/intoxication (e.g., "how likely is it that you drink alcohol in that situation?") and four items on the use and perception of ambiguous communication of sexual intentions (e.g., "how likely is it that in this situation you first say 'no' even though you want to have sex with the other person?"). Responses were made on a five-point scale ranging from 1 (*long previous*

acquaintanceship, low probability of alcohol use or ambiguous communication) to 5 (*short period of acquaintanceship; high probability of alcohol use or ambiguous communication*).

Thus, higher scores indicate stronger presence of risk factors. The internal consistency for the script measure was $\alpha = .73$. To create an overall score for risky sexual scripts, responses were averaged across the respective items.

Normative Acceptance of Risk Factors.

A six-item scale also based on research by Krahe et al. (2007) was used to measure the normative acceptance of risk factors. Three items referred to readiness to engage in sexual contact with a casual partner (e.g., “It is ok to have sex with someone on the first night out”); two items referred to ambiguous communication (e.g., “It is ok to say “no” at first, even if you want it.”), and one item referred to alcohol consumption (“It is part of the game to drink alcohol when meeting someone and having sex with him/her”). Responses were made on a five-point scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). The internal consistency for the normative acceptance measure was $\alpha = .73$. An overall score for the normative acceptance of risk factors was created by averaging responses across the six items.

Sexual Experience and Risk Factors in Sexual Behavior

Participants were asked to indicate: (a) if they had ever been in a steady relationship and (b) if they had ever engaged in sexual intercourse. Those who had engaged in sexual intercourse ($N=273$) were asked to report their age at first sexual intercourse (Item 1, reverse coding) and the number of coital partners without (Item 2) a steady relationship. Additionally, they were asked to indicate whether or not they had shown the following risk behaviors (corresponding to the script measure) in situations in which they had sex: they had drunk alcohol in situations where they had sexual intercourse, (Item 3); their partner had drunk alcohol before intercourse, (Item 4); they

had said ‘no’ to a sexual offer when, in fact, they meant ‘yes’ (Item 5); and they had said ‘yes’ without actually wanting sex (Item 6). Responses to the item 3 to item 6 were made on a five-point scale ranging from 1 (*never*) to 5 (*every time*). A behavioral risk index was formed by computing the mean of the z-standardized measures of the six items. Because the behavioral risks were cumulative, this measure was not expected to form a homogeneous scale with high internal consistency. However, a Cronbach’s alpha of .60 for the full sample at T1 indicated that the risk behaviors were substantially associated.

Pornography Use

Pornography use was measured by eight items. Two questions were asked with four subcategories each: (1) ”Have you ever seen images of sexual intercourse...?: (a) on TV, (b) on the internet, (c) on the cell phone and (d) in books or magazines”; (2) Have you ever seen images of other sexual acts (e.g. oral sex, masturbation)...?: (a) on TV, (b) on the internet, (c) on the cell phone and (d) in books or magazines”. Response options for all items ranged from 1 (*never*) to 5 (*very often*). The scale reliability was $\alpha = .86$. A mean score of pornography use was calculated by averaging responses across the eight items. All participants reported some exposure to pornographic material, with TV (100%) and Internet (99.7%) being the most widely used media, followed by books and magazines (93%) and cell phones (55.2%).

Childhood Abuse

Six questions assessed the experience of sexual, physical, and emotional abuse in childhood. To capture the distinction between contact abuse and non-contact abuse and the increasing severity from non-penetrative to penetrative forms of contact abuse, sexual abuse was measured by four items addressing (a) exposing of genitals (by an adult or by the participant through an adult’s request) (b) touching of genitals (by an adult or by the participant through an

adult's request), (c) attempted penetration, and (d) completed penetration, in each case before the age of 14. In addition, one item measured physical abuse ("As a child or young adolescent, have you been beaten often or regularly at home?"), and another item measured emotional abuse ("As a child or young adolescent, have you often felt worthless at home?"). Responses to all items were made in a dichotomous "yes/no" format. All three forms of abuse were significantly correlated. Sexual abuse correlated at $r = .24, p < .001$, with physical abuse and $r = .39, p < .001$, with emotional abuse, physical and emotional abuse correlated at $r = .51, p < .001$. A cumulative index of childhood abuse was formed across the different forms of abuse, ranging from 0 (no abuse) to 3 (all three forms of abuse). A quarter of participants (25.1%) reported at least one form of child abuse, 13.6% reported experiencing one form of abuse, 8% two forms and 3.5% reported all three forms. Cronbach's alpha for the six-item measure was .71.

Demographic Background

In the final part of the questionnaire, participants were asked to indicate their age, sex, and nationality.

Measures for the Subsample of N=120 (T2)

Sexual aggression and sexual experience: At T2, the same items from the SES were presented again to assess the prevalence of sexual aggression in the 6-month period since T1. Participants who had their first sexual intercourse in the period between T1 and T2 were asked to indicate their age at first intercourse and the number of coital partners with or without a steady relationship.

Procedure

The study was approved by the Ethics Committees of the university where the authors are based and the University of São Paulo, where the data were collected. On both occasions, active

consent was obtained from all participants and questionnaires were administered by trained researchers during regular class sessions. The measures were completed in class, and privacy was ensured while participants worked on the questionnaires. To address the possibility that the questionnaire might elicit painful memories in participants with a history of sexual victimization or perpetration, an information sheet listing counseling agencies was handed out to each participant.

In order to cover a sufficiently long period between T1 and T2, data collection had to be spread over two semesters. This meant that at T2 participants no longer attended the same classes in which they had been contacted at T1. Because we were not permitted to collect e-mail addresses from participants at T1, only those who could be retrieved in courses offered for their year cohort in the following semester could be invited to take part in the T2 assessment. Due to this constraint, only 120 of the original 286 participants could be reached for the second data wave.

Results

Preliminary Analyses

A preliminary analysis indicated that the reduced sample at T2 did not differ from the drop-outs on any of the variables measured at T1, including level of sexual aggression, multivariate $F(6, 266) = .72, p = .63$.

Based on the six-level classification proposed by Koss et al. (2008), participants were categorized according to their most severe form of perpetration reported, as described in the Method section. Due to the skewed distribution of responses, the six levels were subsequently condensed into three groups for all further analyses at T1. Group 1 consisted of participants who reported no sexual aggression to any of the items. This group comprised 61.2% of the sample.

Group 2 (23.1%) consisted of participants who reported forms of sexual aggression that are not penalized by Brazilian law, which included nonconsensual sexual contact, sexual coercion, or attempted coercion as defined by Koss et al. (2008). These behaviors will be referred to as moderate forms of sexual aggression. Group 3 (15.7%) consisted of men who reported severe forms of sexual aggression, such as rape and attempted rape, which are penalized by Brazilian law (Brasil, 2009), and are referred to as severe forms of sexual aggression. For the subsample at T2, the overall rate of sexual aggression in the six months between the two measurements was 18.3% (8.3% reporting moderate and 10% reporting severe forms of sexual aggression, based on the same classification as adopted at T1). Due to the small number of participants in the moderate ($N=10$) and severe ($N=12$) aggression groups, a dichotomous variable of perpetration (yes/no) was used in the analysis of the T2 data. The scores on all predictor variables for the total sample as well as for the groups of sexual aggression perpetration (none, moderate, severe at T1; no/yes at T2) are presented in Table 1.

At T1, the severe aggression group had the highest means on all variables. A multivariate analysis of variance including all variables except sexual behavior (treated separately because of the lower N) yielded a significant multivariate effect of perpetration level, $F(8, 556) = 5.98, p < .001, \eta^2 = .07$. A univariate ANOVA with sexual behavior as the outcome variable also yielded a significant effect of perpetrator status, $F(2, 273) = 11.13, p < .001, \eta^2 = .08$. Post-hoc tests revealed that compared to both groups of sexual aggressors, non-aggressive men scored significantly lower on the presence of risk factors of sexual aggression in their sexual scripts, pornography use, risky sexual behavior, and they showed normative acceptance of the risk factors than the severe aggression group. The moderate aggression group differed significantly from the severe group on the measures of childhood abuse, normative acceptance of risk factors,

and risky sexual behavior. At T2, aggressors had higher means than non-aggressors on all variables except childhood abuse.

The zero-order correlations between the predictors (sexual scripts, normative acceptance of risk factors, sexual behavior, pornography use, and child abuse) and the outcome variable (level of perpetration of sexual aggression) are presented in Table 2. All variables showed significant positive correlations with sexual aggression in the full sample at T1. All predictors except childhood abuse correlated significantly with sexual aggression at T2.

Cross-Sectional Prediction of Sexual Aggression

To examine the direct and indirect links proposed in our hypotheses, a path model was specified for the full sample at T1 and tested with the Mplus 6.11 software (Muthén & Muthén, 2007). The model, displayed in Figure 1, showed an acceptable fit with the data, $\chi^2(4, N= 273) = 7.04, p = .13, TLI = .91, CFI = .98, RMSEA = .05$. As predicted in Hypothesis 1, both the endorsement of the risk factors in participants' sexual scripts and their normative acceptance were linked to risky sexual behavior, although the link was only marginally significant for the latter variable. In line with Hypothesis 2, a significant path was found from risk factors in behavior to sexual aggression. Supporting Hypothesis 3, the use of pornography was significantly associated with the prominence of the risk factors in sexual scripts and their normative acceptance. It was also linked directly to risky sexual behavior and to sexual aggression. Both sexual scripts and sexual behavior mediated the direct path from pornography use to sexual aggression, as postulated in Hypothesis 4. Finally, childhood abuse predicted sexual aggression via sexual behavior patterns in consensual sexual interactions that comprise risk factors for sexual aggression, as stated in Hypothesis 5. To corroborate the proposed paths from sexual scripts to sexual aggression, an alternative model was specified in which the

directional path from sexual scripts to sexual aggression was reversed (i.e., sexual aggression was specified as a predictor of sexual scripts via risky behavior and its normative acceptance). The alternative model showed a poor fit with the data, $\chi^2(3, N= 273) = 16.48, p = .001, TLI = .50, CFI= .85, RMSEA= .20$, which supports the interpretation that sexual scripts provide a basis for sexual aggression rather than being promoted by sexual aggression.

Prospective Prediction of T2 Sexual Aggression

A second path analysis was conducted to examine the prospective links between the cognitive and behavioral risk factors measured at T1 (i.e., risk factors in sexual scripts and in sexual behavior, normative acceptance of risk factors, pornography use,) and sexual aggression in the interval between T1 and T2 as the criterion. Childhood abuse was not included in the prospective model to increase power in the reduced sample, as it had already been assessed at T1 and the bivariate correlation with T2 sexual aggression was nonsignificant. The prospective model is presented in Figure 2. It showed a good fit with the data, $\chi^2(2, N= 110) = 2.42, p = .30, TLI = .96, CFI= .99, RMSEA= .04$. Risky behavior at T1 was a significant predictor of sexual aggression assessed at T2, and the risk factors represented in participants' sexual scripts predicted sexual aggression indirectly via their translation into sexual behavior. Pornography use at T1 was significantly linked to T2 sexual aggression via the indirect path through sexual scripts and sexual behavior. The normative acceptance of the risk factors, linked to sexual aggression in the cross-sectional analysis, did not make an independent indirect contribution to the prediction of sexual aggression over time. To corroborate the directional path from sexual scripts to sexual behavior specified in Figure 2, an alternative model was tested in which the path was reversed and sexual behavior was estimated as a predictor of sexual scripts. This model showed a poor fit with the data $(2, N= 110) = 17.24, p = .004, TLI = .61, CFI= .87, RMSEA= .10$.

Discussion

The present study was designed to explore potential risk factors for perpetrating sexual aggression in a sample of male college students in Brazil. The study was based on the proposition that cognitive scripts for consensual sexual interactions and corresponding behavior patterns may hold a clue to understanding sexual aggression. Specifically, we proposed that the more firmly risk factors of sexual aggression are rooted in men's cognitive scripts for consensual sexual interactions, and the more they are normatively accepted, the more likely they are to be associated with sexual behavior, thereby increasing the likelihood of sexual aggression. Although there is some support for these links in the research literature, the current study is the first to provide evidence on risk factors of sexual aggression among college students in Brazil. Specifying path models for ordinal criterion variables, the current study aimed to integrate cognitive representations of sexuality (i.e., the presence and normative acceptance of risk factors in sexual scripts) and behavioral aspects of sexuality (i.e., pornography use and translation of the risk factors from the cognitive to the behavioral level) into a joint model to predict sexual aggression. Childhood experiences of abuse were assessed as a biographical risk factor for sexual aggression to examine the role of risky sexual behavior as a mediator between victimization in childhood and subsequent aggression, contributing to the explanation of a victim-perpetrator cycle that has frequently been identified in the literature (Seto & Lalumière, 2010). Both childhood abuse and pornography use have been widely found to increase the probability of sexual aggression in the mainstream literature. Replicating these links in other cultural contexts is critical for substantiating the generality of findings. In addition to cross-sectional analyses linking the proposed risk factors to reports of sexual aggression since the age of 14, a longitudinal analysis was conducted for a subsample of participants who took part in two

measurements separated by a six-month interval. For this group, the risk factors assessed at T1 could be linked prospectively to sexually aggressive behavior shown in the period between T1 and T2. Both the cross-sectional and the prospective models fit the data and were consistent with the associations predicted in our hypotheses.

With regard to the prevalence of sexual aggression among the present sample of college students as measured by the revised Sexual Experiences Survey (Koss et al., 2007), the findings reveal more than one in three men in our sample reported some form of sexual aggression since the age of 14. When classified according to the most severe form of sexual aggression, 23.1% of men reported sexual aggression of moderate severity (nonconsensual sexual contact, attempted or completed sexual coercion), and 15.7% reported perpetration of severe acts of sexual aggression (attempted or completed rape using or threatening physical force or exploiting the fact that the victim was unable to resist). These forms of sexual aggression are penalized by Brazilian law (Brasil, 2009). The overall perpetration rate of 38.8% is similar to U.S. studies using the SES. For example, Abbey and McAuslan (2004) reported a rate of 35% since the age of 14, and Loh et al. (2005) found a rate of 31.2%. In a community sample of men aged 18 to 35, 41% reported at least one incident of sexual aggression since the age of 14 (Abbey & Jacques-Tiura, 2011). In the six-month period between the two measurements, 18.3% of participants engaged in some form of sexual aggression, with 10% showing severe forms of sexual aggression. This figure compares to a rate of 10.2% over a three-month period covered in the study by Gidycz, Warkentin, and Orchowski (2007). In addition, the correlation of .58 between sexual aggression at T1 and T2 in the present study is very similar to the correlation of .52 reported by Gidycz et al. These comparisons suggest that the rate of sexual aggression found in the present sample of college students in Brazil is similar to recent evidence from the U.S.

There is virtually no research in Brazil on the self-reported perpetration of sexual aggression by men. Information about perpetration rates is either obtained through official crime reports (e.g., Vargas, 2008) or inferred from victims' reports (e.g., Oshikata, Bedone, & Faúndes, 2005). To our knowledge, the present study is the first to have obtained perpetrator reports of sexual aggression in Brazil. Therefore, there are no independent data from self-report surveys against which to compare the present prevalence rates, and more research is needed to confirm the scale of college students' sexual aggression that emerged from the current research.

The analyses showed that, compared to the non-aggressive group, participants in the moderate and severe aggression groups reported higher levels of pornography use, higher presence and normative acceptance of risk factors of sexual aggression in their sexual scripts for consensual sexual encounters, and a higher likelihood of showing these risk behaviors in sexual interactions. Comparing the two aggressor groups, the severe aggression group reported significantly higher rates of childhood abuse, greater normative acceptance of the risk factors for sexual aggression, and was more likely to show the respective behaviors in specific sexual interactions than the moderate aggression group. Our model suggests that the experience of childhood abuse increases the risk of becoming a perpetrator of sexual aggression in adolescence and adulthood through sexual behavior patterns that are linked to known risk factors for sexual aggression. The severe group may have learned at an early age that the use of coercive strategies in sexual interactions is common and legitimate. Because childhood abuse is shown to cause severe and persistent behavioral problems (e.g., Polusny & Follette, 1995; Senn et al., 2008), this group may be especially resistant to interventions efforts.

In our path model of sexual aggression, a key role was assigned to cognitive representations of consensual sexual interactions in the form of sexual scripts and the behavior

patterns informed by these cognitive representations. Three groups of risk factors related to sexual aggression were addressed in the present study: alcohol consumption, readiness to engage in casual sexual contacts, and the ambiguous communication of sexual intentions. In accordance with the proposition that cognitive scripts contain both descriptive and normative information (Huesmann, 1998), the presence of these risk factors in participants' cognitive scripts for consensual sexual interactions and the normative acceptance of these elements were measured as separate, but interrelated features of sexual scripts. We hypothesized that the more firmly these risks were rooted in participants' sexual scripts and the higher their normative acceptance, the more likely they would be to shape sexual behavior which, in turn, would be linked to a higher the risk of engaging in sexual aggression. The significant indirect paths from sexual scripts to sexual aggression via sexual behavior in both the cross-sectional and the prospective model are consistent with these predictions. As expected, there were substantial correlations between the script measure and the normative acceptance of risk factors, suggesting that the prominence of the risk factors in the scripts and their normative evaluation are related, but distinguishable components of the cognitive representation of sexual interactions. Although the script measure was more closely linked to behavior, the normative acceptance measure added further to the prediction of risky behavior in the cross-sectional model. However, the expected indirect link to sexual aggression via sexual behavior was nonsignificant.

Our results also indicated that pornography is linked to the perpetration of sexual aggression, both directly (in the full sample only) and indirectly via sexual scripts and sexual behavior (in both the full sample and the prospective sample at T2). As shown by content analyses, risk factors of sexual aggression, such as sex with casual partners, manipulative communication strategies and alcohol use, but also the use of coercive strategies, feature

prominently in pornographic material (e.g., Bridges et al., 2010). Our results showed that pornography use is a normative behavior among Brazilian college students, given that 100% of the sample had at least some contact with pornographic material. Consistent with the scripting model of Štulhofer et al. (2010), our findings showed that the use of pornography was linked to the integration and normative acceptance of risk factors for sexual aggression in participants' sexual scripts for consensual sexual interactions. We assumed further that pornography would predict sexual aggression mediated by an increased normative acceptance and assimilation of risk factors in sexual scripts and in sexual behavior. Pornography use was linked to sexually aggressive behavior both directly and indirectly through the inclusion of risk factors in sexual scripts and in sexual behavior. Thus, pornography may act as an agent of sexual socialization by conveying knowledge, values, and attitudes concerning sexuality (Brown & L'Engle, 2009; Ward, 2003). The findings are in line with the proposition that pornography may contribute to an increased presence of risk factors in students' sexual scripts (Krahé, 2011). Pornography was also found to be linked to the normative acceptance of the risk factors, but the indirect path from pornography use to sexual behavior via norms was not significant.

The finding that the presence of risk factors in sexual scripts mediates between pornography use and sexually aggressive behavior underlines the importance of intervention efforts directed at changing cognitive representations of consensual sexuality that support sexual aggression. Interventions focused only on behavior may be insufficient because they are not able to change myths, beliefs, and acceptance of risks that guide risky sexual behavior and may pave the way for crossing the boundary from consensual to coercive sex. Sex education programs, for example, seem to be effective in neutralizing or diminishing the adverse impact of pornography (Hardy, 2004). Compared to interventions that focus only on reproductive aspects, the prevention

of sexually transmitted diseases, and the prevention of unwanted pregnancy, it has been suggested that sex education programs that promote sexual responsibility are related to lower rates of sexual aggression (Lottes & Weinberg, 1996). Challenging students' beliefs that alcohol consumption, casual sex, and ambiguous communication are an integral part of a "normal" sexual life may be an effective approach to reducing the risk of sexual aggression. Given that sexual scripts are socially learned and changeable (Simon & Gagnon, 1986), such a focus appears to be promising for prevention efforts against sexual aggression. In the transition to adulthood, learning to respect the limit imposed by their partners and deal with their own sexual needs in a responsible and socially acceptable way is a critical developmental task.

Limitations

Although the findings are consistent with our hypotheses, several methodological limitations of the current study need to be mentioned. First, the findings are based on a relatively small convenience sample of male college students, so the generalizability to the population of male college students in Brazil needs to be investigated by future research. Second, only a subset of the participants could be contacted again for participation in the T2 assessment, reducing the power for detecting significant paths in the prospective model compared with the cross-sectional model. Third, the T1 data are retrospective reports covering the period since the age of 14, and due to possible memory distortions, it is not possible to know the extent to which they correspond to real past experiences. Fourth, so as not to make the survey too lengthy, some of the predictor variables were only measured with a few items. This is true for the pornography measure that addressed pornography use only in terms of broadly defined "images of sexual intercourse and other sexual acts", leaving room for interpretation. Although the broad measure did yield significant links with sexual aggression consistent with our predictions, future studies

should include more specific measures of exposure to pornographic contents. Because pornography use was measured at T1 only, the present design could not compare the path from T1 pornography use to T2 sexual aggression (reflecting a “socialization effect” of pornographic media use) with the path from T1 sexual aggression to T2 pornography use (reflecting a “selection effect” such that sexually aggressive individuals are more likely to use pornography). Such a cross-lagged approach could clarify the directionality of the link between pornography use and sexual aggression over time. Finally, the different aspects of the risky sexual scripts were only examined as an aggregate measure, also due to the limited number of items addressing each aspect. More research is needed looking at the different risk aspects individually to explore their relative importance as predictors of sexual aggression. In addition, although the measures of behavioral risk scores and normative acceptance of risky behavior addressed the same aspects as the script measure (i.e., casual sex, alcohol use, and ambiguous communication), they contained fewer items and may have differently emphasized the risks.

Despite these limitations, the present findings from Brazil can make a contribution to the international knowledge base on sexual aggression. The study goes beyond earlier research in this area by including a wider set of predictors and integrating them into a unified path model. The prevalence findings show that sexual aggression is a social problem among college students in Brazil. The study corroborates the evidence from previous studies on the role of sexual scripts in predicting sexual aggression (Krahé et al., 2007) and the influence of pornography use on sexual scripts and sexual aggression (Štulhofer et al., 2010). Finally, it provides further evidence of a victim-to-perpetrator cycle from childhood experiences of abuse to later sexual aggression through sexual behavior patterns linked to the risk of sexual aggression. Altogether, this evidence contributes to the generalizability of knowledge about sexual aggression in cultural

contexts outside North American and European countries, where most scientific studies have been conducted so far.

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Table 1

Descriptive Statistics for the Predictors of Sexual Aggression

<i>Risk factors</i>	Range	Total	<i>Perpetration T1</i>			<i>Perpetration T2³</i>	
			None	Moderate	Severe	No	Yes
<i>at T1</i>		(N=286)	(n=173)	(n=67)	(n=46)	(n=98)	(n=22)
Risk factors in sexual scripts	1-5	2.65 (.59)	2.55 ^a (.58)	2.77 ^b (.57)	2.84 ^b (.58)	2.56 (.60)	2.83 (.54)
Normative acceptance of risk factors	1-5	3.05 (.84)	2.93 ^a (.77)	3.04 ^a (.75)	3.53 ^b (.74)	2.96 (.82)	3.53 (.65)
Risk factors in sex. behavior (z-scores) ¹	-	.01 (.57)	-.09 ^a (.57)	.07 ^b (.51)	.34 ^c (.61)	-.12 (.52)	.29 (.50)
Pornography use	1-5	3.03 (.65)	2.89 ^a (.58)	3.17 ^b (.60)	3.35 ^b (.80)	2.98 (.64)	3.31 (.60)
Childhood abuse ²	0-3	.40 (.78)	.38 (.76)	.25 ^a (.61)	.72 ^b (.98)	.44 (.81)	.41 (.73)

¹ Only for participants with coital experience at T1 ($n=273$); z-scores, $M = 0$, $SD = 1$.

² Cumulative index: Physical abuse, sexual abuse, emotional abuse.

³ Means between non-perpetrators and perpetrators at T2 differ at $p < .05$ for normative acceptance of risk factors, risk behavior, and pornography use and $p < .06$ for scripts.

^{a,b,c} Means with different superscripts are significantly different from each other at $p < .05$.

Table 2

Correlations between the Potential Predictors and Sexual Aggression

	(2)	(3)	(4)	(5)	(6)	(7)
(1) Risk factors in sexual scripts T1	.52***	.40***	.28***	.05	.20***	.20*
(2) Normative acceptance of risk factors T1	-	.37***	.30***	.01	.25***	.25**
(3) Risk factors in sexual behavior T1 ^a		-	.25***	.19***	.27***	.29**
(4) Pornography use T1			-	.10	.26***	.20*
(5) Childhood abuse T1				-	.12*	-.01
(6) Sexual aggression T1					-	.58***
(7) Sexual aggression T2 ^b						-

*** $p = .001$, ** $p < .01$, * $p < .05$ (two tailed).

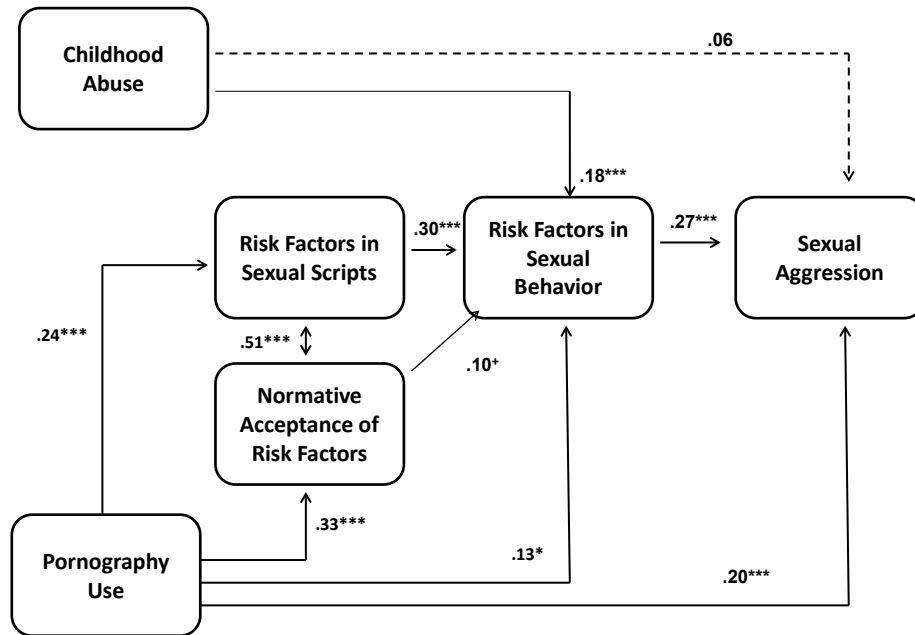
^a Only for participants with coital experience at T1 ($n=273$).

^b Only for participants in the longitudinal subsample ($n = 120$).

Figure Captions

Figure 1. Cross-sectional correlates of sexual aggression (standardized path coefficients).

Figure 2. Longitudinal predictors of sexual aggression (standardized path coefficients).



Note. *** $p < .001$; ** $p < .01$; * $p < .05$; + $p < .10$.

Model fit: $\chi^2(4, N= 273) = 7.04, p = .13, TLI = .91, CFI = .98, RMSEA = .05$;

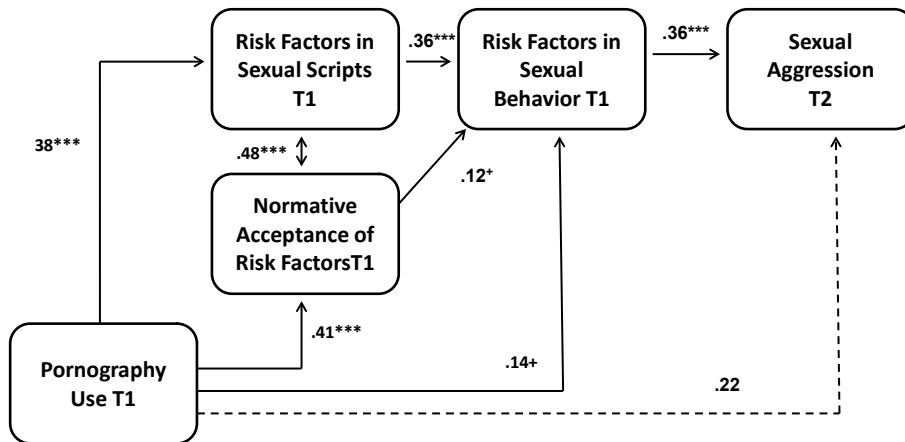
Indirect effects:

Childhood abuse -> Risk behavior -> Sexual aggression: $\beta = .05^{**}$;

Script -> Risk behavior -> Sexual aggression: $\beta = .09^{***}$;

Pornography -> Script -> Risk behavior -> Sexual aggression: $\beta = .02^{**}$.

$N = 273$.



Note. *** $p < .001$; + $p < .10$.

Model fit: $\chi^2(2, N= 112) = 2.42, p = .30, TLI = .96, CFI= .99, RMSEA= .04$;

Significant indirect effects:

Script -> Risk behavior -> Sexual aggression: $\beta = .13^{**}$;

Pornography -> Script -> Risk behavior -> Sexual aggression: $\beta = .05^{**}$.

$N=120$.

Chapter 6

**Vulnerability to Sexual Victimization in Female and Male College
Students in Brazil:
Cross-Sectional and Prospective Evidence**

D'Abreu, L. F. C., & Krahé, B. Vulnerability to Sexual Victimization in Female and Male College Students in Brazil: Cross-Sectional and Prospective Evidence.

Abstract: Using both cross-sectional and prospective analyses, this study examined vulnerability factors for sexual victimization in $N = 562$ female and male college students in Brazil, of whom a subgroup of $n = 255$ took part in two measurements six months apart. Risk factors for sexual victimization (alcohol consumption, casual sex, and ambiguous communication) ingrained and normatively accepted in participants' scripts for consensual sex were linked to sexual victimization via their translation into sexual behavior. Pornography use was indirectly linked to sexual victimization through the acceptance and prominence of risk factors in sexual scripts and behavior. Child sexual abuse predicted sexual victimization in the cross-sectional analysis, and victimization since age 14 predicted revictimization in the six months covered by the prospective analysis. Few gender differences were found. The study is the first to investigate vulnerability factors for sexual victimization in Brazil, and similarities to evidence from North America are discussed.

Keywords: Sexual victimization, Brazil, sexual scripts, pornography use, childhood sexual abuse, risky sexual behavior.

Vulnerability to Sexual Victimization in Female and Male College Students in Brazil:
Cross-Sectional and Prospective Evidence

The problem of sexual victimization among university students has been highlighted by studies from different countries around the world and is reflected not least in highly publicized incidents, such as the violent rape and subsequent death of a student in India in December 2012 and the rape and robbery of an American exchange student in Brazil in April 2013. Despite the alarming rates of sexual violence in Latin America and the recognition of sexual victimization as a serious public health problem (Contreras, Bott, Guedes, & Dartnall, 2010), systematic research on the problem of sexual violence is only beginning to emerge in this region. The current study was conducted to contribute to this emerging data base by examining several variables linked to an increased vulnerability to sexual victimization among a sample of female and male college students in Brazil.

Documenting the prevalence of sexual victimization in Brazil a study that used the Revised Conflict Tactics Scales (CTS2) has found that 9.4% of female students reported some form of sexual violence after starting college (Zotareli, Faúndes, Osis, Duarte, & Sousa, 2012). Using a single screening question, another study has revealed that the estimated prevalence for sexual coercion among young people aged 18-24 years was 17% among girls and 11% among boys (de Moraes, Cabral, & Heilborn, 2006). Brazil was also part of two multinational studies on sexual coercion. The first study by Hines (2007) obtained reports of sexual victimization from a small convenience sample of 155 female and 76 male students in São Paulo, using the Sexual Coercion subscale of the CTS2 (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). She found that 39.5% of female and 29.7% of male students reported having been sexually victimized in the previous year, with 1.3% of women and 1.4% of men reporting victimization through the use of physical force. The second study

by Chan, Straus, Brownridge, Tiwari, and Leung (2008) found victimization rates in dating relationships of 38.5% for female and 34.5% for male students in the previous year. Studies conducted in other Latin American countries have also shown substantial rates of sexual victimization. In Chile, 31% of female (Lehrer, Lehrer, Lehrer, & Oyarzun, 2007) and 20.4% of male college students (Lehrer, Lehrer, & Koss, 2012) reported some form of unwanted sexual experience since the age of 14. In Peru, 46% of women and 20% of men aged 16-30 reported ever experiencing non-consensual sex (Cáceres, 2005).

Regarding the identification of correlates of an increased vulnerability to sexual victimization, studies conducted in Brazil have found that low socioeconomic and educational level (e.g., de Moraes, Cabral, & Heilborn, 2006), black color of skin, being separated or divorced and having had STDs (Schraiber, D'Oliveira, & Franca Junior, 2008), and a lack of religious commitment (D'Abreu, Krahé, & Bazon, 2012; Zotareli et al., 2012) were associated with a higher probability of reporting sexual victimization. In addition, the experience of violence in the family (e.g., Marinheiro, Vieira, & de Souza, 2006), early sexual debut, and a greater number of sexual partners (Schraiber et al., 2008) were associated with a higher probability of sexual victimization for women only.

However, this Brazilian research has a number of limitations. All studies are cross-sectional, most focus on socio-demographic variables, and they provide little insight into the etiology of sexual victimization among college students in particular. The emphasis placed on low socioeconomic status as a risk factor may divert attention away from the fact that sexual victimization is widely prevalent among the socially privileged group of university students, as shown in research from the United States (Fisher, Daigle, & Cullen, 2010). The college years offer numerous opportunities for heavy drinking (Andrade, Duarte & Oliveira, 2010), meeting new partners, and engaging in casual sex (Caetano et al., 2010). These factors, combined with the increased consumption of pornography

in this age group (Bruzzell, 2005) and the typical impunity for sexual offenders in Latin America (Contreras et al., 2010), create a social context that is conducive to the experience of sexual victimization. Beyond patterns of sexual behavior, cognitive representations of sexuality (e.g., Drieschner & Lange, 1999) and biographical experiences of sexual abuse in childhood (e.g., Roodman, & Clum, 2001) contribute to the risk of sexual victimization. To date, evidence on factors that increase the vulnerability to sexual victimization among college students has been provided primarily by studies from North America and Western Europe, and it is as yet unclear whether the same vulnerabilities can be found in other parts of the world. Therefore, the aim of the present study was to investigate factors that may increase the likelihood of sexual victimization and re-victimization among college students in Brazil. We sought to demonstrate the interplay between cognitive representations of consensual sexuality in the form of sexual scripts and sexual behavior as predictors of sexual victimization, both cross-sectionally and prospectively. Pornography use was considered as a behavioral variable that may affect sexual victimization through its impact on cognitive representations of consensual sex. In addition, childhood experiences of sexual abuse were included to replicate their critical impact in the etiology of sexual victimization as established in numerous studies from the USA.

Vulnerability Factors for Sexual Victimization in Cognitive Representations of Consensual Sex

Sexual scripts play an important role in guiding sexual behavior. They contain cognitive representation of prototypical sequences of events and behaviors in sexual interactions and include normative beliefs that guide sexual behavior when real opportunities arise (Krahé, 2000; Simon & Gagnon, 1986). Although there is no perfect correspondence between sexual scripts as cognitive representations and actual sexual behavior, the stronger, that is more stereotyped the script, the greater the chances that it will be translated into behavior (Abelson, 1981). In a first sexual encounter, for example, the reliance on scripts as generalized social knowledge structures to guide

behavior is likely because individuals do not have any data-based information with the new partner to refer to when planning their behavior (Rose & Frieze, 1993). We propose that cognitive scripts for consensual sexual encounters play a critical role for the understanding of sexual victimization. If behaviors known to be associated with an increased probability of sexual victimization are integral part of an individual's cognitive script for a consensual sexual encounter, they may guide risky sexual behavior, thereby increasing the person's vulnerability to sexual victimization. In the present study, we focus on the presence of three risk factors that have been frequently linked to sexual victimization: (1) engaging in casual sex, (2) drinking alcohol in the context of sexual interactions, and (3) communicating sexual intentions in an ambiguous way. We propose that the extent to which these three risk behaviors are included in students' cognitive scripts of a first consensual sexual encounter will predict their prominence in actual sexual behavior, which in turn will predict an increased likelihood of sexual victimization among both men and women.

Engaging in casual sex. It has been widely established in the literature that engaging in sexual contacts with partners whom one does not know well increases the vulnerability to sexual victimization. A study by Flack et al. (2007) found that 78% of unwanted sexual experiences took place in casual sexual encounters. There are several explanations for the link between casual sex and sexual victimization. First, it is a matter of probability: the higher the number of partners and the more frequent the sexual encounters, the higher are the odds of meeting a sexually aggressive partner, precipitating the experience of sexual victimization. Second, in brief and noncommittal relationships there is less time to develop effective communication patterns for negotiating sexual interests, increasing the probability of misunderstandings that may lead to sexual aggression (Dines, 2010). Because casual relationships have been described as being initiated equally by men and women (Paul & Hayes, 2002), breaking down traditional sexual scripts, engaging in casual sexual

encounters may increase the likelihood of sexual victimization for both sexes compared to committed sexual relationships.

Drinking alcohol in sexual encounters. Sexual victimization often co-occurs with alcohol consumption (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). Alcohol is frequently used as a means for sexual conquest (Lindgren, Schacht, Pantoalone, Blayney, & George, 2009) and is strongly associated with casual sex (Flack et al., 2007; Goldstein, Barnett, Pedalow, & Murphy, 2007). The use of alcohol in sexual interactions increases the vulnerability to sexual victimization through different pathways (Abbey et al., 2004). As a risk factor for perpetration, alcohol disinhibits aggressive behavior and contributes to the misperception of partner's sexual intents. As a vulnerability factor for sexual victimization, alcohol use may signal sexual availability, distort risk perception, and decrease the ability to physically resist unwanted sexual advances.

Communicating sexual intentions in an ambiguous way. The third group of risk factors refers to the ambiguous communication sexual interest cues, both in the form of rejecting sexual advances despite the willingness to accept them and in the form of complying with sexual demands despite the unwillingness to engage in sex with the other person. Although ambiguous communication of sexual intentions is frequently used by men and women (O'Sullivan & Allgeier, 1994; 1998), it may lead to misunderstanding in sexual interactions (Lindgren et al., 2009) and provide justifications for overriding the partner's signals of nonconsent. A prospective study has shown that the more firmly these communication patterns were rooted in young adults' scripts for consensual sex, the more likely they were to experience sexual victimization (Krahé, Bieneck, & Scheinberger-Olwig, 2007).

Individuals for whom sex with casual partners, alcohol use, and ambiguous sexual communication are integral elements of their cognitive representations of consensual sexual encounters are assumed to be more likely to show patterns of sexual behavior that reflect these

scripted representations. The resulting risky sexual behavior patterns, in turn, are likely to increase their vulnerability to sexual victimization.

Pornography use and sexual scripts. In addition to conceptualizing the influence of sexual scripts on sexual behavior and sexual victimization, it is critical to understand how the contents of scripts are shaped. Exposure to pornographic media has been identified as a source of influence in the development of sexual scripts, conveying norms and “values” in sexual interactions (Alksnis, Desmarais, & Wood, 1996). The pervasive availability of pornography has made its use become normalized among young people in different countries (e.g., Krahe, 2011; Lo & Wei, 2005; Peter & Valkenburg, 2006). Pornography typically shows no pre- and post-coital intimacy and often presents one sex scene after another without any concern to build a story line (Dines, 2010). Pornography erotizes and legitimates the use of violence and ambiguous communication in sexual interactions (Bridges, Wosnitzer, Scharrer, Sun, & Liberman, 2010) and the consumption of alcohol before sex (World Health Organization, 2005), incorporating factors associated with the risk of sexual victimization in both sexes.

Until now, studies have concentrated on the impact of pornography consumption on men’s sexual aggression against women, because pornography is seen as contributing to female degradation and submission, reinforcing gender stereotypes and the banalization of sexual aggression against women (Dines, 2010). However, pornography may also negatively impact the social construction of masculinity. The readiness to engage in sexual intercourse, the idea that “men can’t have enough” or that “men don’t say no to sex” are myths that can be particularly reinforced by sexual imagery of media (Ward, 2003). Since “being sexual” is part of masculinity (Jozkowski & Peterson, 2012), pornography may also be linked to the sexual victimization of males, because men may be afraid of being accused of “not being enough of a man” if they reject sexual advances.

The impact of pornography on sexual attitudes and behavior has been shown in both sexes. Male and female pornography users were found to be more accepting of casual sex (Peter & Valkenburg, 2008), have an earlier sexual debut, engage in a greater variety of sexual activities (Brown & L'Engle, 2009), have a higher number of sexual partners and a higher level of alcohol use (Braun-Courville & Rojas, 2009; Carroll, Padilla-Walker, Nelson, Olson, Barry, & Madsen, 2008). Pornography use may be linked to sexual victimization through the incorporation of these risk factors into users' sexual scripts and sexual behavior. It serves to normalize the acceptance of, and compliance with, casual sexual activities, alcohol drinking, and ambiguous communication in sexual interactions. Based on the information processing model (Huesmann, 1998), we assume that these pornographic contents are assimilated into students' sexual scripts and become accepted as normative, making them likely to be enacted in sexual behavior when opportunities arise. According to this model, sexual scripts and normative acceptance of risks act as mediators that connect the "inputs" of pornographic materials to behavioral "outputs". The higher the use of pornography, the higher the normative acceptance and prominence of risks as part of sexual scripts should be, promoting risky sexual behavior and increasing the vulnerability to sexual victimization.

Prior Victimization as a Vulnerability Factor for Sexual Revictimization

In addition to the cognitive and behavioral antecedents of sexual victimization, the present study sought to replicate, for the first time in a Brazilian sample, the finding from the mainstream literature in the USA that sexual abuse in childhood increases the vulnerability to revictimization in adolescence and adulthood. The available research indicates that sexual revictimization is a cross-gender and cross-cultural phenomenon (Hines, 2007). The review by Classen, Palesh, and Aggarwal (2005) has revealed that experiences of child sexual abuse (CSA) and sexual victimization after the age of 14 increased the risk of sexual revictimization. The association between CSA and sexual victimization in adulthood is also confirmed by research conducted in Latin America (Hines, 2007;

Lehrer et al., 2007; Lehrer et al., 2012). Studies suggest, however, that the pathway from CSA to sexual victimization after the age of 14 is more likely to be indirect and mediated by other variables. Messman-Moore and Long (2000) found that, compared to female college students without a history of CSA, CSA survivors were more likely to have experienced unwanted sexual contact with acquaintances when they used alcohol and drugs, suggesting that substance abuse is mediator of these processes. Testa, Hoffman, and Livingston (2010) found in a longitudinal study that both sexual risk behavior (e.g., hookups, great number of partners) and alcohol-related behaviors partially mediated the link between adolescent sexual victimization and revictimization in college. It is well documented that early sexual debut, multiple sexual partners, brief romantic relationships (see Senn, Carey, & Vanable, 2008 for a review) and alcohol abuse (see Sartor, Agrawal, McCutcheon, Duncan, & Lynskey, 2008 for a review) are often shown by CSA survivors. Therefore, we examined the hypothesis that the link between CSA and sexual victimization after the age of 14 would be mediated by risky sexual behavior, indicated by using alcohol and ambiguous communication in sexual interactions, engaging in casual sex, having multiple partners and younger age of first sexual intercourse. In addition, research suggests that the recency of victimization plays an important role for revictimization: the more recent the victimization, the more strongly it predicts the following victimization. In their review, Classen et al. (2005) found that the relationship between CSA and college sexual victimization was no longer significant when pre-college sexual victimization was included in the analysis. This finding suggests that victimization in adolescence may be a stronger predictor of revictimization in college than CSA.

The Current Study

There are only few Brazilian studies on sexual victimization, and they are mostly limited to female victims. All available evidence is cross-sectional, providing little insight into the causality and etiology of rape in this country. To address these limitations, the current study studied both male

and female college students' experiences of sexual victimization and combined cross-sectional and prospective analyses. The study is composed of two parts. The first part consists of a cross-sectional analysis of the *cognitive* (sexual scripts and normative acceptance of risk factors), *behavioral* (use of ambiguous communication and alcohol in sexual interactions, number of sexual partners and early sexual debut) and *biographical* (history of CSA) factors associated with an increased vulnerability to sexual victimization among college students. The second part consists of a longitudinal analysis replicating the cross-sectional links in a subsample of participants who were available for a second measurement six months later. The following hypotheses were proposed for both men and women:

(1) The presence and normative acceptance of risk factors for sexual victimization in students' sexual scripts for consensual encounters predict sexual risk behavior. That is, the more the risks are normatively accepted and ingrained in consensual sexual scripts, the more likely they will be shown in sexual behavior.

(2) Risky sexual behavior patterns (i.e., behaviors shown to be linked to sexual victimization) informed by the sexual scripts will be linked to sexual victimization. Sexual behavior is considered to be the strongest predictor of sexual victimization because it is a proximal antecedent of victimization. Sexual behavior is proposed to act as a mediator between more distal vulnerability factors (i.e., sexual scripts, normative acceptance of risk factors, pornography use, and child sexual abuse) and sexual victimization.

(3) Pornography consumption promotes the incorporation and normative acceptance of risks into sexual scripts. It is linked to sexual behavior through increasing the normative acceptance and prominence of risks factors in sexual scripts.

(4) Pornography use is linked indirectly to sexual victimization through an increased normative acceptance of risks in sexual scripts and through engaging in risky sexual behavior.

(5) Experiences of child sexual abuse predict an increased likelihood of sexual victimization in adolescence (i.e., after the age of 14), mediated by risky sexual behavior.

(6) Sexual victimization after the age of 14 is a prospective predictor of sexual victimization in the six-month period between the two data waves.

Method

Participants

The original sample consisted of $N = 742$ first-year college students from 24 different classes of the humanities, natural sciences, and mathematics at the University of São Paulo, Brazil. Participants had to be at least 18 years old and give active consent to be eligible to participate in the study. Participants who reported neither consensual sexual experience (with or without sexual intercourse) nor sexual victimization were excluded ($n = 166$, 3 missing data). This reduced the sample size to $N = 573$. Because the focus of the present study was on sexual victimization in opposite-sex relationships, a further 11 participants with exclusively same-sex contacts were excluded from the sample. Using these criteria, the full sample for the cross-sectional analyses (T1) consisted of $N = 562$ participants (286 women and 276 men), of whom 98.2% were Brazilian nationals. The average age was $M = 20.4$ years ($SD = 3.2$), with no significant difference between men and women. A total of $n = 520$ participants (267 men and 253 women) had coital experience. At T1, 88% of female participants had had a steady partner and 89% had engaged in sexual intercourse. Among men, the corresponding rates were 77% and 97%. The average age at first sexual intercourse was 17.0 ($SD = 1.9$) for women and 16.4 ($SD = 2.1$) for men ($F(1, 516) = 13.202$, $p < .001$). The mean number of sexual partners was 2.4 ($SD = 2.7$) for women and 7.7 ($SD = 12.6$) for men, ($F(1, 492) = 40.989$, $p < .001$).

For the prospective analysis, a subsample of $n = 255$ participants (111 men and 144 women) could be contacted on a second occasion (T2), six months after the first assessment. The loss of

participants was due to students moving to new courses as the two data points fell into different study semesters, and no permission had been granted to obtain email addresses as a means of contacting them outside the class sessions. A multivariate analysis including all study variables showed that the men ($F(6, 260) = .925, p = .45$) and women ($F(6, 242) = 1.844, p = .091$) who remained in the sample at T2 did not differ from the group that participated only at T1.

Measures at T1

Sexual Victimization

A Portuguese Version of the short form of the Sexual Experiences Survey (SES-SFV) was used to measure sexual victimization, as described in detail in [XXX, in press]. This instrument contains seven items with detailed behavioral descriptions of unwanted sexual experiences: one item about sexual touch, three about completed sexual acts (vaginal intercourse, anal sex, and oral sex) and three about attempted sexual acts (vaginal intercourse, anal sex, and oral sex). Each item includes five different forms of coercive strategies: two items on verbal pressure, one item on exploitation of the victim's incapacitated state (e.g. following alcohol or substance intoxication) and two items on the use or threat of physical violence. Response options ranged from 0 (*never happened to me*) to 3+ (*happened three or more times*). Like in the standard version of the SES, sexual victimization was assessed for two time windows: (a) the preceding year and (b) since age 14 up to a year ago. The lower age limit of age 14 used in SES-SFV corresponds to the legal age of consent in Brazilian Law.

Risk Elements in Sexual Scripts

Participants' sexual scripts were assessed with a measure developed in previous research by (XXX). Participants were asked to imagine the situation of having sexual intercourse with a new partner for the first time and to indicate the presence of different features that describe this sexual encounter. "*You spend the evening with someone. In the course of the evening, you sleep together*

for the first time. Please imagine this situation and describe how it might take place. You are not asked to describe one particular situation you have experienced in the past. Rather, we would like to know what you think a situation like this would normally look like for you.” The risk factors for sexual victimization were measured by two items on casual sex (e.g., “how many times have you met before?”), four items on alcohol consumption/intoxication by self and partner (e.g., “how likely is it that you drink alcohol in that situation?”) and four items on the use and perception of ambiguous communication of sexual intentions (e.g., “how likely is it that in this situation you first say “no” even though you want to have sex with the other person?”). A five-point response scale was used for each item, ranging from 1 (*long previous acquaintanceship, low probability of alcohol use or ambiguous communication*) to 5 (*short period of acquaintanceship; high probability of alcohol use or ambiguous communication*). The higher the score, the more firmly the risk factors were ingrained in participants’ sexual scripts. The internal consistency for the script measure was $\alpha = .71$.

Normative Acceptance of Risky Script Elements

The normative endorsement of the risk factors in the sexual scripts was measured by a six-item scale also derived from research by (XXX). Readiness to engage in sexual contact with a casual partner was assessed by three items (e.g., “It is ok to have sex with someone on the first night out”), ambiguous communication was addressed by two items (e.g., “It is ok to say “no” at first, even if you want it.”), alcohol consumption was addressed by one item (“It is part of the game to drink alcohol when meeting someone and having sex with him/her”). Responses were made on a five-point scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). The internal consistency for the normative acceptance measure was $\alpha = .78$.

Pornography Use

To measure pornography use, participants were asked: (1) "Have you ever seen images of sexual intercourse...?" and (2) "Have you ever seen images of other sexual acts (e.g. oral sex, masturbation)...?" For each question, they indicated the frequency of exposure in four different types of media: (a) on TV, (b) on the internet, (c) on the cell phone and (d) in books or magazines". This yielded a total of eight items. Response options ranged from 1 (*never*) to 5 (*very often*). The scale reliability was $\alpha = .90$.

Sexual Experience and Risky Sexual Behavior Patterns

Participants were asked, if they had ever had sexual intercourse. Participants with coital experience were presented with six questions assessing risky sexual behavior patterns: (1) what their age was at first sexual intercourse, (2) how many sexual partners they had had; (3) how many times they had drunk alcohol when they had sex; (4) how many times their partner had drunk alcohol; (5) how many times they had said "no" to a sexual offer when, in fact, they meant "yes"; and (6) how many times they had said "yes" without actually wanting sex. Responses were made on a five-point scale ranging from 1 (*never*) to 5 (*every time*).

Childhood Sexual Abuse

Four questions assessed the experience of sexual abuse in childhood (before the age of 14): (a) exposing of genitals (by an adult or by the participant through an adult's request), (b) touching of genitals (by an adult or by the participant through an adult's request), (c) attempted penetration, and (d) completed penetration. Responses were made in a dichotomous format, 0 (*no*), 1 (*yes*).

Demographic Background

Information on age, sex, relationship experience (whether they had ever been in a steady relationship), and nationality were assessed in the end of the questionnaire.

T2 Sexual Victimization and Sexual Experience

At T2, the same items from the SES-SFV were used to assess the prevalence of sexual victimization in the six-month period since T1. Participants who had their first sexual intercourse in the period between T1 and T2 were asked to indicate their age at first intercourse and the number of coital partners with and without a steady relationship.

Procedure

Data were collected at both T1 and T2 during regular class by a trained female researcher. Details of the procedures are reported in [XXX, in press]. The study was approved by the Ethics Committees of the university where the authors are based and the University of São Paulo, where the data were collected. Appropriate back translation procedures were used to ensure the accuracy of the Portuguese versions of the instruments.

Results

Prevalence of Sexual Victimization

Combining the two time windows of the T1 survey, 41.3% of female participants reported a least one experience of sexual victimization since the age of 14. The corresponding rate for the male participants was 30.8%. A detailed break-down of the responses to each item is reported elsewhere (XXX). In the reduced sample that took part in the T2 survey, 15.4% of the female participants reported at least one experience of sexual victimization in the preceding six-month period (8.4% were first-time victims, 7.0% had already reported sexual victimization at T1). Among the male participants, 13.5% reported at least one experience of sexual victimization at T2 (3.6% were first-time victims, 9.9% had already reported victimization at T1).

Following the procedure by Koss et al. (2008), six-level scores of sexual victimization were computed by classifying participants according to the most severe form of sexual victimization reported at T1 and T2: (0) *No sexual victimization* (“never” responses to all items); (1) *Sexual contact* (at least one unwanted sexual experience, without penetration, through the use of verbal

pressure, exploitation of victim's intoxicated state, or threat or use of physical force, but no attempted sexual coercion, sexual coercion, attempted rape, and rape); (2) *Attempted sexual coercion* (at least one experience of attempted oral, vaginal, or anal penetration using verbal pressure, but no sexual coercion, attempted and completed rape); (3) *Sexual coercion* (at least one experience of completed oral, vaginal, or anal penetration using verbal pressure, but no attempted or completed rape); (4) *Attempted rape* (at least one experience of attempted oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force, but no completed rape); and (5) *Completed rape* (at least one experience of completed oral, vaginal, or anal penetration through exploitation of victim's intoxicated state or threat or use of physical force). Due to the skewed distribution of the six levels, they were condensed into three groups for all further analyses. Group 1, the *no victimization group* included participants who reported no sexual victimization (T1: 58.7% of women and 69.2% of men; T2: 84.6% of women and 86.5% of men). Group 2, called the *moderate victimization group*, consisted of participants whose victimization experiences fell into the levels 1 to 3 (non-consensual sexual contact, sexual coercion or attempted sexual coercion; T1: 30.1% of women, 22.8% of men; T2: 10.5% of women, 8.1% of men). These forms of sexual aggression are not penalized by Brazilian law. Group 3, called the *severe victimization group*, included participants at levels 4 and 5 (attempted rape and rape), representing forms of sexual aggression that are penalized by Brazilian law (T1: 11.2% of women, 8% of men; T2: 4.9% of women, 5.1% of men). According to Art 213 of Brazilian Penal Code rape means to "force someone, through violence or serious threat, to have carnal knowledge or to commit or make someone commit other lewd acts". Cases that involve alcohol or drug intoxication by the victim are mentioned in the definition of "rape of a vulnerable person" (Section 217-A, § 1). This category includes, among other conditions, "to have carnal knowledge or commit other lewd acts with

someone who lacks the necessary insight to such action, or for any other cause, cannot resist.” (Brasil, 2009).

Vulnerability Factors: Descriptive Statistics

The scores on sexual scripts, normative acceptance of the risk factors, and pornography use were created by averaging responses across the respective items. All men and 96% of women reported exposure to pornographic material. A dichotomous score of CSA was created with 0 (*no responses to all four items*) and 1 (*at least one yes response*). About 7% of male and 15% of female participants reported at least one form of CSA. For participants who reported consensual coital experience at T1, an index of risky sexual behavior was formed by computing the mean of the z-standardized responses to the six items. The items of the measures of sexual victimization (SES-SFV), child sexual abuse, and risky sexual behavior were additive rather than forming an internally consistent scale, therefore no Cronbach’s alpha was provided for these three measures.

A two-way MANOVA was conducted that examined differences according to victimization status at T1 and participant gender on risk factors in sexual scripts, normative acceptance of risks, pornography consumption, and CSA. Risky sexual behavior was examined separately because only participants with coital experience were included in this analysis. The multivariate effect of victimization status was significant, $F(8, 1102) = 5.408, p < .001, \eta^2 = .038$. As shown in Table 1, there were significant differences among the three groups on all measures, with the severe group scoring highest in each case. The interaction between gender and victimization status at T1 was nonsignificant, $F(8, 1102) = 1.019, p = .42, \eta^2 = .007$. The multivariate effect of participant gender was also significant, $F(4, 551) = 70.958, p < .001, \eta^2 = .34$, as were all univariate effects. Men scored significantly higher on the risk factors in sexual scripts ($M_{\text{Men}} = 2.66, M_{\text{Women}} = 2.08$), normative acceptance of risk factors ($M_{\text{Men}} = 3.06, M_{\text{Women}} = 2.04$), and the use of pornography

($M_{\text{Men}} = 3.0$, $M_{\text{Women}} = 1.98$), whereas women were more likely to report CSA ($\%_{\text{Men}} = 7.0$, $\%_{\text{Women}} = 15.0$).

A separate two-way univariate analysis examined differences in sexual behavior as a function of gender and victimization among participants with coital experience at T1. A significant main effect of gender was found, $F(1, 512) = 4.869$, $p < .05$, $\eta^2 = .009$. Men scored significantly higher on risky sexual behavior than did women. The main effect of victimization status was also significant, $F(2, 512) = 28.982$, $p < .001$, $\eta^2 = .102$. Both moderately and severely victimized participants scored higher on risky behavior patterns than did the non-victimized group.

Parallel analyses were conducted to examine the effects of T2 victimization status and possible interactions with gender. The MANOVA of T2 victimization status and participant gender on sexual scripts, normative acceptance of risks, pornography consumption, and T1 sexual victimization yielded a significant multivariate effect of victimization level, $F(8, 488) = 4.195$, $p < .001$, $\eta^2 = .064$. The moderate and severe victim groups showed significantly higher means on the measures of sexual scripts and T1 victimization level than the non-victimized groups. The gender difference found at T1 was replicated for the reduced sample at T2, $F(4, 244) = 24.539$, $p < .001$, $\eta^2 = .287$. The interaction between gender and T2 victimization status was nonsignificant, $F(8, 488) = .916$, $p = .50$, $\eta^2 = .015$. For risky sexual behavior, the gender effect was nonsignificant in the T2 sample, but the effect of victim status was significant, $F(2, 226) = 9.700$, $p < .001$, $\eta^2 = .079$. The moderately and severely victimized groups showed more risky sexual behavior than the non-victimized group. The interaction between gender and victimization level on sexual behavior was nonsignificant, $F(2, 226) = 1.425$, $p = .24$, $\eta^2 = .012$.

Table 2 presents the Pearson correlations coefficients between the vulnerability factors assessed at T1. The findings show significant correlations between sexual scripts, normative acceptance of risk factors, pornography consumption, and sexual behavior in both women and men.

In addition, CSA was significantly correlated with sexual behavior among men and with pornography use among women.

Cross Sectional Associations of Vulnerability Factors and TI Sexual Victimization

A path model of the associations between vulnerability factors and sexual victimization specified in Hypotheses 1 to 5 was tested with the Mplus 6.11 software (Muthén & Muthén, 2007). To account for the gender differences in the vulnerability factors and sexual victimization rates, a multigroup model tested. The model showed a good fit with the data, $\chi^2(6, N=516) = 7.98, p = .24$, CFI = .99, TLI = .96, RMSEA = .04. Figure 1 presents the path coefficients for women and men, respectively. The path from sexual scripts and normative acceptance to sexual behavior was significant for both men and women, confirming Hypotheses 1. Risky sexual behavior was the strongest predictor of sexual victimization for both men and women, as predicted in Hypothesis 2. Consistent with Hypothesis 3, pornography was linked to risky sexual behavior through the increased normative acceptance and endorsement of risks in sexual scripts. The indirect effect from pornography consumption to sexual victimization through scripts and sexual behavior was also significant, in line with Hypothesis 4. The indirect effect from pornography consumption to sexual victimization through the normative acceptance of risks and sexual behavior was significant among women, but only marginally significant among men. Finally, childhood sexual abuse was a significant predictor of sexual victimization since the age of 14 among men and women, but the indirect path through risky sexual behavior was found only for men. These findings lend qualified support to Hypothesis 5. Although the overall pattern of associations was highly similar for men and women, some significant sex differences emerged. The direct links between CSA and sexual behavior and between the normative acceptance of risk factors and sexual victimization was

significant for men, but not for women. By contrast, the direct link between scripts and sexual victimization was significant for women, but not for men.

Prediction of T2 Sexual Victimization

A second path analysis was conducted to test the prospective paths from the cognitive and behavioral risk factors and sexual victimization at T1 to sexual victimization in the six-month period up to T2. CSA, which had already been assessed in the cross-sectional model, was not included again in the prospective model. Instead, based on Hypothesis 6 on the recency of sexual victimization, sexual victimization at T1 was included to test revictimization in the interval between T1 and T2. Figure 2 presents the prospective multi-group model for men and women. The model showed a good fit with the data, $\chi^2(4, N=231) = 2.44, p = .65, RMSEA = 0; CFI = 1; TLI = 1$. Sexual victimization at T1 was a significant predictor of T2 sexual victimization among both sexes, with a stronger link among men. This finding supports Hypothesis 6. Men and women differed significantly in the path from sexual behavior to sexual victimization at T2. For women, a direct path was found from sexual behavior to sexual victimization, whereas for men only the indirect path through T1 victimization was significant. Among men, sexual scripts were directly linked to T2 sexual victimization, whereas among women only the indirect path from scripts through risky behavior was significant. Among men, pornography use was significantly linked to T2 sexual victimization through the indirect path via sexual scripts, sexual behavior and T1 sexual victimization. Among women, pornography use was linked to T2 sexual victimization through sexual scripts and sexual behavior. The normative acceptance of the risk factors did not explain additional variance in T2 sexual victimization over and above the other predictors.

Discussion

Based on previous North-American and European studies, this study sought to identify vulnerability factors for sexual victimization among heterosexual college students in Brazil. Both women and men were included in the study, which focused on cognitive representations of sexuality, sexual behavior patterns, and previous victimization as contributory factors to sexual victimization among college students. The present data are the first from Brazil that examined the joint contribution of cognitive, behavioral, and biographical variables in predicting sexual victimization both cross-sectionally (total sample, $N = 562$) and prospectively over a six-month period (reduced sample, $n = 255$). The results revealed substantial prevalence rates of sexual victimization among college students of both sexes in Brazil, confirming international data on the scale of the problem in student populations. At T1, 41% of the female participants and 31% of the male participants reported at least one experience of unwanted sexual contact since the age of 14, with 11% of women and 8% of men reporting experiences covered by legal definitions of sexual assault in Brazil. In the six-month period between the two data waves, 15.4% of women and 13.5% of men experienced at least one incident of sexual victimization. These figures are substantially lower than the rates of 38.5% of women and 34.5% of men who reported sexual victimization in the previous 12 months that was found by Chan et al. (2008) among a convenience sample of college students in Brazil. However, Chan et al. employed the sexual coercion subscale of the CTS2, which is broader in scope than the SES, including items such as “made my partner have sex without condoms” and “insisted on sex when my partner did not want to (but did not use physical force)”.

Compared to the non-victimized participants, participants who reported severe sexual victimization had higher means on all measures. They scored higher on the risk factors in sexual scripts and their normative acceptance, showed more risky behavior, used more pornography and

were more likely to report CSA. The direct and indirect associations of the vulnerability factors with sexual victimization were confirmed by the good fit of the multigroup path models, indicating that the predictors of sexual victimization investigated in our study were similar for men and women. A focus of the study was on the role of risk factors for sexual victimization in the cognitive scripts for consensual sexual encounters and their normative acceptance as predictors of sexual victimization. The results show that in both male and female students, the presence of established risk factors for sexual victimization in the scripts for consensual sexual encounters was linked to corresponding patterns of risky sexual behavior which, in turn, predicted sexual victimization, both in the cross-sectional and the prospective analyses. These results confirm the relevance of cognitive representations of sexuality as guidelines for sexual behavior.

The extent to which risky sexual behavior patterns were part and parcel of young adults' sexual scripts could be linked to the use of pornographic media contents, which was found to be widespread among both male and female students. In line with the cognitive processing model (Huesmann, 1998), it was hypothesized that the messages about sexual interactions conveyed through pornography are assimilated and normatively accepted as part of students' sexual scripts, contributing indirectly to experiences of sexual victimization by promoting risk in participants' sexual behavior. Both the cross-sectional and the prospective model showed a path from pornography use as an input variable to sexual behavior as an output, mediated through sexual scripts. Furthermore, the present findings demonstrated that pornography use was linked not only to sexual aggression, as shown in previous studies (e.g., Bonino, Ciairano, Rabaglietti, & Cattelino, 2006; Ybarra, Mitchell, Hamburger, Diener-West, & Leaf, 2011), but also to experiences of sexual victimization. As predicted, sexual behavior as a proximal predictor was found to be most closely related to sexual victimization. The results also indicated that sexual behavior acted as mediator between the more distal factors included in the model (i.e., sexual scripts, normative acceptance of

risk factors, pornography consumption and child sexual abuse) and sexual victimization at both T1 and T2.

The significance of CSA as a vulnerability factor for revictimization after the age of 14 was also supported in the present study, consistent with a large body of previous evidence (Classen et al., 2005). In the cross-sectioned model, it was expected that child sexual abuse would be linked to T1 sexual victimization through the mediating influence of risky sexual behavior, indicated by readiness to engage in casual sex, multiple partners, younger age of first sexual intercourse and alcohol consumption in sexual interactions. This hypothesis was confirmed among men. Among women, child sexual abuse showed a direct path to sexual victimization, unmediated by sexual behavior. Research using more fine-grained measures of sexual behavior and including additional sequelae of childhood sexual abuse is needed to replicate and explain this gender difference.

In addition, a significant proximal link was confirmed between sexual victimization at T1 and T2 for both men and women. Among men, a significant indirect pathway was found from pornography use, sexual scripts, sexual behavior, and T1 sexual victimization to T2 sexual victimization. Among women, the indirect link from sexual scripts to T2 victimization was mediated by risky sexual behavior, but not by T1 victimization. This difference may be due to the fact that women had significantly more new cases of sexual victimization between T1 and T2 than men, which may explain why the path through T1 sexual victimization was not significant in this group. Women were significantly older at first sexual intercourse and had significantly fewer partners than men at T1, which indicates a certain delay of sexual victimization among women compared to men.

Although the findings are largely consistent with our predictions, several limitations of the study must be noted. First, although participants who took part in both data waves did not differ significantly from those who only took part at T1, the reduction in sample size at T2 resulted in a decrease in the statistical power for the prospective model. Second, although the sample size was

somewhat larger than the only comparable study by Chan et al. (2008), participants represented a convenience sample from a specific region of Brazil, and the generality of the results for other regions of this large country needs to be established in future studies. Third, the data were based on retrospective reports and may have been affected by memory distortions, particularly at T1 when participants were asked to recollect childhood abuse before the age of 14 and unwanted sexual experiences since the age of 14.

Despite these limitations, the present findings can make a contribution to the international knowledge base about variables linked to an increased vulnerability to sexual victimization. First, they demonstrate a link between cognitive representations of consensual sexuality and sexual victimization, which is mediated by sexual behavior patterns informed by the cognitive scripts. Studying how sexual scripts are conceptualized, what risks factors for sexual victimization they contain, what behavior is considered appropriate and how pornography feeds into sexual scripts may hold a clue to understanding the antecedents of sexual victimization. Our findings suggest that challenging sexual scripts for consensual sex that contain vulnerability factors to sexual victimization and promoting change in attitudes toward pornography may be effective strategies toward the prevention of sexual victimization.

Second, the study joins a slowly growing body of research demonstrating that men, too, may be victims of sexual aggression. Although victimization rates were somewhat higher for women than for men in the present sample at both points in time, the prevalence of men's reports of sexual victimization was substantial. Recognizing both women and men as potential victims follows recommendations for gender-sensitive research (Leduc, 2009). This approach may reveal similarities and differences between both sexes and break the myth that men are not sexually victimized.

Third, the current study is also in line with recommendations of Contreras and colleagues (2010) for future research on sexual aggression in Latin America and the Caribbean. According to these authors, research should (a) measure sexual aggression in a more rigorous way in settings where little information is available, and (b) investigate potential factors that underlie the phenomenon of sexual aggression, which may help to change attitudes and behavior especially among young people who are the main focus of prevention programs. The present study meets these recommendations in several respects. A widely used and well validated instrument, the *Sexual Experiences Survey*, was used in order to ensure methodological rigor. Second, the sample consisted of college students, including males, a group that has rarely been considered in studies on sexual victimization in Brazil. Third, the study is the first of its kind in Brazil to investigate the joint contribution of cognitive and behavioral vulnerability factors, including pornography use, and sexual abuse as predictors of sexual victimization. It proposed and tested a model of direct and indirect paths to sexual victimization, demonstrating correspondence between Brazilian findings and evidence from the North American research literature. Showing that vulnerability factors are similar in different cultural contexts also implies that successful prevention and intervention programs developed in mainstream sexual aggression research may provide useful starting points for intervention programs in Brazil, contributing to the fight against sexual aggression at an international level.

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Table 1

Descriptive Statistics for the Prevalence and Predictors of Sexual Victimization in Women and Men

Construct (Range)	Victimization T1			Victimization T2		
	None N=359	Moderate N=149	Severe N=54	None n=217	Moderate n=24	Severe n=13
Risk factors in sexual scripts (1-5)	2.34 ^a (.60)	2.32 ^a (.64)	2.62 ^b (.69)	2.25 ^a (.60)	2.56 ^b (.66)	2.8 ^b (.62)
Normative acceptance of risk factors (1-5)	2.52 ^a (.89)	2.53 ^a (.94)	2.81 ^b (.92)	2.44 (.91)	2.59 (.88)	2.80 (1.0)
Risk factors in sexual behavior (z-scores) ¹	-.11 ^a (.52)	.12 ^b (.56)	.46 ^c (.56)	-.14 ^a (.51)	.22 ^b (.54)	.49 ^b (.38)
Pornography use (1-5)	2.47 ^a (.84)	2.48 (.81)	2.73 ^b (.93)	2.4 (.86)	2.51 (.96)	2.5 (.90)
Child sexual abuse (%)	7.2	14.1	24.1	11.0	12.5	23.1

¹ Only for participants with coital experience at T1 ($n = 253$ women and 267 men); z -scores, $M = 0$, $SD = 1$.

^{a,b,c} Means with different superscripts differ at least at $p < .05$.

Table 2

Correlations between the Vulnerability Factors assessed at T1

	(1)	(2)	(3)	(4)	(5)
(1) Risk factors in sexual scripts	-	.48**	.43**	.21**	.04
(2) Normative acceptance of risk factors	.57**	-	.49**	.32**	.07
(3) Risk factors in sexual behavior ^a	.41**	.35**	-	.33**	.04
(4) Pornography use	.25**	.32**	.26**	-	.17**
(5) Childhood sexual abuse	-.06	-.11	.16**	-.03	-

Note. Figures above the diagonal refer to women, figures below the diagonal refer to men.

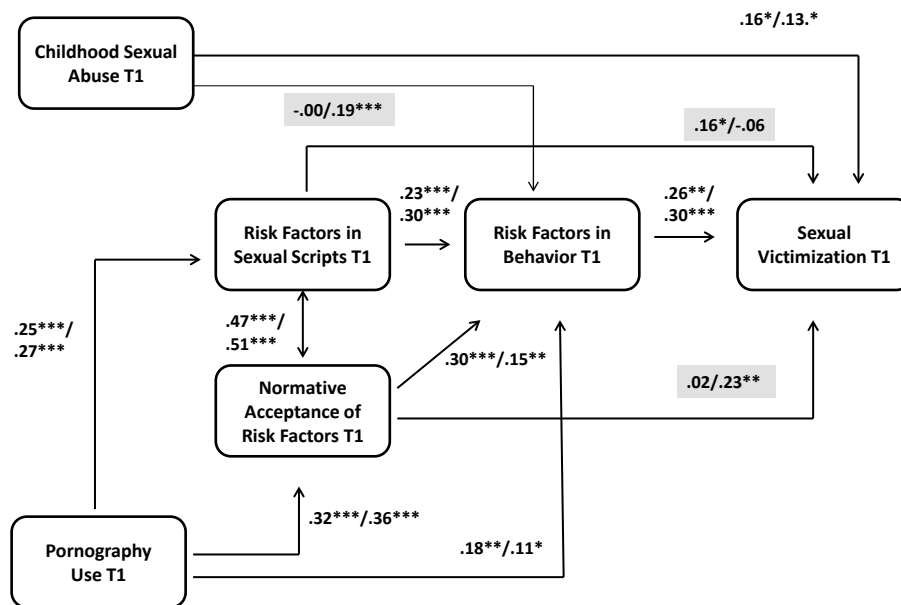
** $p < .01$, * $p < .05$.

^a Only for participants with coital experience at T1 (Men: $n = 267$; Women: $n = 253$).

Figure Captions

Figure 1. Cross-sectional correlates of sexual victimization in men (standardized path coefficients).

Figure 2. Longitudinal predictors of sexual victimization in men (standardized path coefficients).



Note. $^{***} p < .001$; $^{**} p < .01$; $^* p < .05$. For each path, the coefficient listed first refers to women, the coefficient listed second refers to men. The coefficients shaded in grey were significantly different between men and women.

Indirect effects (first coefficients refer to women, second coefficients refer to men):

Sexual abuse -> Risky behavior -> Sexual victimization: $\beta = -.001, p = .94$; $\beta = .06^{**}$;

Pornography use -> Normative acceptance -> Sexual victimization: $\beta = .007, p = .79$; $\beta = .08^*$;

Pornography use -> Risky behavior -> Sexual victimization: $\beta = .05^*/\beta = .03^*$;

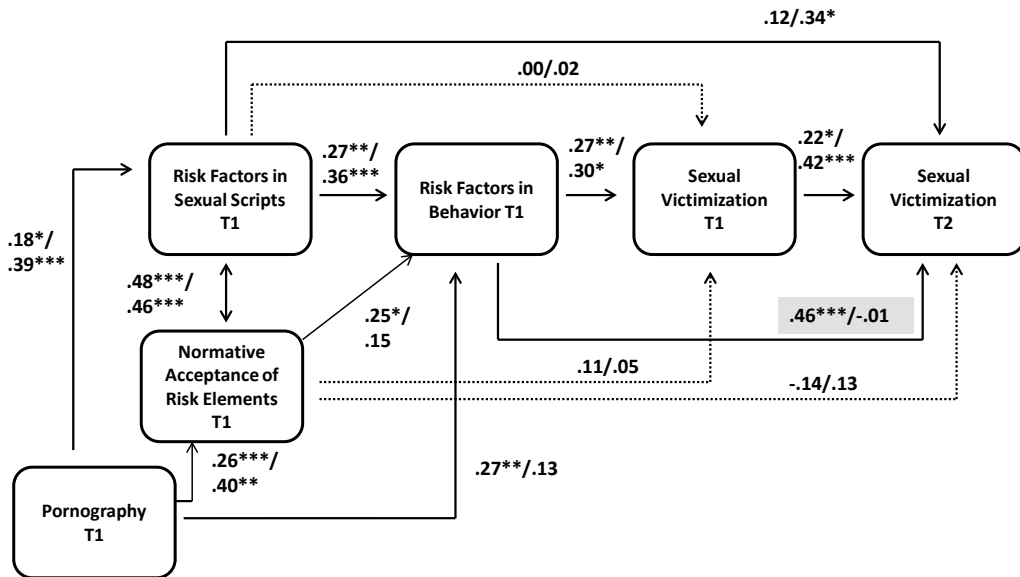
Pornography use -> Sexual scripts -> Sexual victimization: $\beta = .04^*/\beta = -.02, p = .48$

Pornography use -> Normative acceptance -> Risky behavior -> Sexual victimization: $\beta = .03^*/\beta = .02, p = .06$;

Pornography use -> Sexual scripts -> Risky behavior -> Sexual victimization: $\beta = .02^*/\beta = .02^*$;

Sexual scripts -> Risky behavior -> Sexual victimization: $\beta = .06^*/\beta = .09^{**}$;

Normative acceptance -> Risky behavior -> Sexual victimization: $\beta = .08^{**}/\beta = .05^*$.



Note. *** $p < .001$; ** $p < .01$; * $p < .05$. For each path, the coefficient listed first refers to women, the coefficient listed second refers to men. The coefficients shaded in grey were significantly different between men and women.

Indirect effects:

Risky behavior -> T1 Sexual victimization -> T2 Sexual victimization: $\beta = .06, p = .07 / \beta = .13^*$;

Sexual scripts -> Risky behavior -> T2 Sexual victimization: $\beta = .12^* / \beta = -.01, p = .92$

Sexual scripts -> Risky behavior -> T1 Sexual victimization -> T2 Sexual victimization: $\beta = .016, p = .12 / \beta = .05^*, p < .05$;

Pornography use -> Risky behavior -> T2 Sexual victimization: $\beta = .12^* / \beta = -.02, p = .92$

Pornography use -> Sexual scripts -> Risky behavior -> T1 Sexual victimization -> T2 Sexual victimization: $\beta = .003, p = .92 / \beta = .02, p < .05$.

Chapter 7

Conclusions

The present doctoral dissertation investigated the prevalence of and vulnerability factors for sexual aggression and victimization among female and male College Students in Brazil. The study was divided into three papers. The first paper showed the prevalence rates for sexual aggression and victimization among men and women, as both perpetrators and victims. The other two papers demonstrated the role of behavioral, cognitive and biographical variables in association with male sexual aggression (Paper 2), and female and male victimization (Paper 3). Behavioral factors referred to the use of alcohol and ambiguous communication in sexual interactions, number of sexual partners and age of the first sexual intercourse. Cognitive factors referred to the normative acceptance of risks factors – intensified by pornography use – in sexual scripts for a consensual sexual encounter. Biographical variables corresponded to experiences of child abuse, in the case of perpetration of sexual aggression, and child *sexual* abuse, in the case of victimization. The main contributions of the present dissertation are summarized in the following paragraphs.

The **first paper** showed that sexual aggression is a widespread phenomenon among college students in Brazil, since 29% of women and 27% of men reported at least one episode of sexual victimization since the age of 14. Regarding perpetration experiences, 33% of male and 3% of female students assumed some form of sexual aggression. These figures are to some extent comparable to the prevalence rates from the international literature that used SES or its modified versions. The prevalence of male perpetration of 33% is similar to evidence from U.S. studies with SES that showed prevalence rates between 31% and 41% (Abbey & Jacques-Tiura, 2011; Abbey & McAuslan, 2004; Loh, Gidycz, Lobo & Luthra, 2005). The prevalence of female victimization of 29% is also comparable to evidence from Chile (31%; Lehrer et al., 2007) and Germany (35%; Krahe & Berger, 2013), although the German sample was on average two years older. However, in both Chilean and German samples, men reported lower rates than the Brazilian sample. In Chile, the

rate for male victimization was 20% (Lehrer et al., 2012). In Germany, 19% and 13.2% were the prevalence for male victimization and perpetration, respectively (Krahé & Berger, 2013). Future quantitative and qualitative research in Brazil may reveal more details on male sexual victimization and perpetration, since this issue has been highly understudied in this country.

Compared to previous Brazilian studies, the present findings showed higher rates of victimization (see Chan et al., 2008; Hines, 2007 for exceptions). This can be possibly explained by the fact that many Brazilian studies focused on cases of sexual aggression by an intimate partner. In addition, instead of multiple behaviorally specific questions, most studies used one or few screening questions, which are known to elicit lower rates (Koss, 1993).

It is remarkable that no significant gender difference was found in the overall prevalence rate. Although unusual, other studies have found similar rates among men and women in specific forms of victimization (e.g. Lane & Gwartney-Gibbs, 1985; Lottes & Weinberg, 1996; McConaghy and Zamir, 1995). Some hypotheses may explain the high rates of male victimization in the present sample. First, male participants were more sexually experienced – they reported higher numbers of sexual partners and younger age of their first sexual intercourse – increasing the chance for victimization. Second, men reported lower religious commitment compared to women. Religiosity has been repeatedly pointed out as a protective factor against sexual aggression, since religious youths engage less frequently in risky sexual behavior (Barkan, 2006; Davidson, Moore, & Ullstrup, 2004; Zaleski & Schiaffino, 2000). Third, a substantial proportion of male victims (28%) were sexually assaulted by other men. All these factors may have contributed to the high rate of sexual victimization among the male students.

It is, however, important to point out that only 3% of women reported some form of sexual aggression, which is highly discrepant from the male victimization rates. Although it is not possible

to give conclusive explanations, this gap may have to do with traditional gender roles in Latin America. In Brazil, perpetration is so strongly associated with male behavior that women might have disregarded questions concerning perpetration because they failed to see themselves as potential sexual aggressors. This idea is also supported by Brazilian research literature that explored sexual victimization mostly in female samples (see de Moraes et al., 2006; Schraiber et al., 2008, for exceptions). A woman forcing a man into sexual activities conflicts with idealized social representations of femininity (Motz, 2001) and the myth that "men are always ready for sex" (Coxell & King, 1996), endorsing the idea that men cannot be sexually victimized.

The **second** and **third papers** demonstrated that biographical, cognitive and behavioral factors were linked cross-sectionally and longitudinally to the occurrence for sexual aggression and victimization. The results supported: a) the role of the sexual script for a first consensual sexual encounter as an underlying factor of real sexual behavior and sexual victimization or perpetration; b) the role of pornography as "inputs" for sexual scripts, increasing indirectly the risk for victimization, and directly and indirectly the risk for perpetration; c) the direct and indirect link between childhood experiences of (sexual) abuse and male sexual aggression and victimization mediated by sexual behavior; d) the direct link between child sexual abuse and sexual victimization among women; and e) the role of sexual behavior as mediator between the other predictors and experiences of sexual aggression or victimization.

In other words, the results confirmed previous evidence that the risky content of sexual scripts are linked to both sexual aggression and victimization mediated by real sexual behavior. The way consensual sex is conceptualized in sexual scripts – what risks factors are present – (Krahé et al., 2007) and how pornography contributes to increase the risk in sexual scripts (Štulhofer, Buško, & Landripet, 2010) give clues on the etiology of rape. This is a central contribution of the present

study. In line with other studies on sexual scripts, this suggests that sexual behavior, in this case sexual coercion, can be explained more in terms of socialization of values rather than biological determinism (Kimmel, 2007). Since sexual scripts are changeable, it implies that sexual coercion is amenable to intervention. Promoting change in attitudes toward pornography and challenging beliefs in sexual scripts that casual sex with multiple partners, alcohol consumption and use of ambiguous communication belongs to a “normal” sexual development may be an effective prevention strategy for sexual aggression. Addressing these issues should be regular part of sex education programs. In fact, it has been suggested that programs that emphasized respect between sexual partners and gender equality seem to be an effective prevention tool against sexual aggression among young people (Lottes & Weinberg, 1996).

The present findings also corroborated the victim-perpetrator cycle of sexual violence in which experiences of child abuse increase the chance for perpetration in adulthood, as well as the link between child sexual victimization and later revictimization. This is relevant information for Brazil for some reasons. First, students who suffered abuse as children may not respond to universal prevention programs and need special attention. Second, this outlines the need for early prevention efforts. It is estimate that real prevalence rates of child abuse are almost 10 to 19 times higher than those identified by Brazilian Child and Adolescent Protection System (Faleiros & Bazon, 2008; Faleiros, Matias, & Bazon, 2009). Most abused children and adolescents never receive any form of medical and psychosocial assistance and have to deal with adverse outcomes by themselves. Even when cases are identified, the support is usually poor and ineffective (Bazon, 2008; Bazon, 2007). Early support interventions are probably the best strategy to prevent the long-term consequences of child abuse, such as, promiscuous behavior and alcohol abuse, and consequently, later perpetration or revictimization.

Limitations of the study

It is important to point out the limitations of the present study. First, data are based on a convenience sample of college students that may not be representative of this population in Brazil.

A second limitation refers to the use of self-report questionnaires. This approach might provide biased results for several reasons, such as, responses inaccuracy, memory flaws, social desirability bias, denial, forgetfulness, embarrassment to reveal private details, deliberately faking and exaggeration. Systematic differences between participants (those who voluntarily participated) and non-participants may have also represented a bias that cannot be addressed properly. It is important, however, to point out that self-report is a practical and easy method and still more effective than any other method in assessing non-reported cases. People are the best-qualified to report about behaviors that are performed in private spheres, and self-report is probably the only available method to measure this kind of behavior (Barker et al., 2002). The assurance of anonymity and voluntary participation in the present study may have prevented social desirability bias, embarrassment to reveal private details or problems as faking and exaggeration.

The third limitation refers to the high attrition between T1 and T2. Because the data collection was spread over two semesters, participants were no longer attending the same classes at T2. Since it was not allowed to collect any personal contact information from students, only those who attended courses offered in the following semester could be invited to participate in the T2 assessment. As a result, the pathways in the prospective model might have lost statistical power due to the reduced sample. It is important, however, to mention that there was no significant statistical difference between those students that participated at both T1 and T2 and the drop-outs.

Fourth, due to the small size of homosexuals and bisexuals samples, it was not possible to test the two models among these groups individually. This also applied to the small group of female

perpetrators. Further studies are required to investigate risk factors for sexual aggression regarding sexual orientation or female perpetration.

Implications and Future Research

Future work should include: 1) replication of the study in a representative sample of college student in Brazil, implementing the results in terms of sexual orientation; 2) development and evaluation of intervention programs in college campus that focus on antecedents of risky sexual behavior, in particular, normative acceptance of risks in sexual scripts among students; 3) qualitative studies that address gender differences of victimization and perpetration experiences; 4) longitudinal analyses of factors associated with persistence and desistance of sexual aggression; 5) investigation of protective factors as well as factors associated with non-coercive behavior.

The present study has also social and political implications. Three critical points should be urgently addressed in Brazil: 1) sensitization of campus authorities and civil society – by giving information on the real scope, risks and consequences of sexual victimization among college students – and mobilization of resources to fight against the problem; 2) guarantee of legal, medical and psychological support for all victims and 3) reduction of impunity of perpetrators.

In short, although the knowledge about sexual aggression has increased in the last decades in Brazil, this country still faces many challenges. The focus on sexual aggression and victimization among young people is crucial for preventions efforts. Understanding what contributes to the onset and persistence of sexual aggression and victimization is essential to reduce the problem in the next generations. Future research should address the current gaps in Brazilian scientific literature and guide policy changes.

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Appendix

1. Approval of Ethics Committee of University of Potsdam



Universität Potsdam · Am Neuen Palais 10 · 14469 Potsdam

Frau Prof. Dr. Krahé
Humanwissenschaftliche Fakultät
Department Psychologie

Ethikkommission
Vorsitzender
Prof. Dr. Esser

Telefon: (03 31) 9 77 17 91

Telefax: (03 31) 9 77 10 89

Datum: 4.5.2010

Endbescheid

Sehr geehrte Frau Professor Krahé,

die Ethikkommission erhebt keine Einwände gegen das Forschungsprojekt

„Sexual Aggression in dating Relationships among Brazilian Undergraduate Students“.

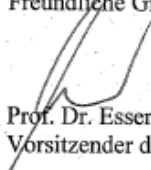
Der Antrag ist unter folgendem Aspekt zu bearbeiten:

Der Fragebogen wird überarbeitet. Die Daten werden nicht mehr nach Nationalität sondern nach Kontinenten erhoben.

Dem Votum liegt der Beschluss Ethikkommission 5/28. Sitzung - 3.5.2010 zugrunde.

Ich wünsche Ihnen für die Durchführung Ihres Vorhabens viel Erfolg.

Freundliche Grüße


Prof. Dr. Esser
Vorsitzender der Ethikkommission

Bankverbindung:
Landeshauptkasse
WestLB Duesseldorf
Kontonummer: 7110402844
BIZ: 300 500 00

Dienstgebäude:
Universitätskomplex 1
Am Neuen Palais 10, Haus 9
14469 Potsdam

E-Mail: Nadine.Mohaupt@uni-potsdam.de
Internet: <http://www.uni-potsdam.de>

2. Approval of Ethics Committee of University of São Paulo

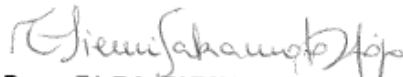
UNIVERSIDADE DE SÃO PAULO
FACULDADE DE FILOSOFIA, CIÊNCIAS E LETRAS DE RIBEIRÃO PRETO
COMITÊ DE ÉTICA EM PESQUISA - CEP

Of.CEtP/FFCLRP-USP.55/2010 – 13/8/2010

Senhor(a) Pesquisador(a):

Comunicamos a Vossa Senhoria que o trabalho intitulado "**Agressão sexual por parceiro íntimo entre estudantes universitários brasileiros.**", foi analisado pelo Comitê de Ética em Pesquisa da FFCLRP-USP, e, enquadrado na categoria: **APROVADO**, de acordo com o Processo CEP-FFCLRP nº 486/2010 – 2010.1.450.59.8.

Atenciosamente,



Profa. Dra. ELZA TIEMI SAKAMOTO HOJO
Vice-Coordenadora do Comitê de Ética em Pesquisa – FFCLRP-USP

Ilustríssima Senhora
Profa. Dra. Marina Rezende Bazon
Profa. Dra. do Departamento de Psicologia e Educação da FFCLRP USP

com cópia para
Lylla Cysne Frota D'Abreu
Universidade de Potsdam – Alemanha

CEP-FFCLRP-USP – coetp@ffclrp.usp.br Fone: (016) 3602-3653 - Fax: (016) 3633-5015
Avenida Bandeirantes, 3900 - Bloco A - 14040-901 - Ribeirão Preto - SP - Brasil

3. Consent Form



Termo de Consentimento Livre e Esclarecido

Projeto: Agressão sexual por parceiro íntimo entre estudantes universitários brasileiros

Prezado (a) Estudante,

Eu, Lylla Cysne Frota D'Abreu, gostaria de convidá-lo (a) a participar de um estudo sobre contatos sexuais não desejados entre estudantes universitários no Brasil. Este estudo é parte de um projeto de pesquisa internacional com sede na Universidade de Potsdam, na Alemanha.

Engajar-se em contactos sexuais satisfatórios é parte importante do bem-estar psicológico. O sexo é divertido, mas, às vezes, pode estar associado a mal-entendidos e problemas de comunicação. Em nosso estudo, queremos investigar com que frequência, jovens universitários, homens e mulheres, se engajam em contactos sexuais não desejados e que variáveis psicológicas estão ligadas a esta experiência.

Caso aceite participar, você terá que responder a um questionário. Você levará cerca de 15 a 30 minutos para completá-lo. As questões versam sobre experiências sexuais não desejadas que você possa ter tido, como também sobre a possibilidade de ter se envolvido em atos sexuais, nos quais teria pressionado um(a) parceiro (a) relutante. Perguntas sobre algumas de suas experiências na infância e na adolescência, bem como suas opiniões sobre sexualidade também estão incluídas. Não existem respostas certas ou erradas para estes questionários.

Esta pesquisa não oferece riscos à sua saúde, porém pensar sobre um contato sexual não desejado pode trazer memórias que alguns participantes podem achar dolorosas e difíceis de lidar. Portanto, queremos salientar que você pode interromper o estudo em qualquer momento, sem dar razões. Se você sentir a necessidade de atendimento ou orientação, este será oferecido por profissionais do Grupo de Pesquisa do qual faço parte. Além disso, uma lista de serviços locais que fornecem o apoio psicológico profissional será entregue a você, assim como a todos os participantes da pesquisa, caso queira procurar algum tipo de ajuda.

A participação na pesquisa é inteiramente anônima. Todas as informações fornecidas serão estritamente confidenciais e usadas apenas para fins científicos, em conformidade com as diretrizes de proteção de dados proposta pelo Comitê de Ética e Pesquisa. No entanto, precisamos ser capazes de combinar suas respostas no primeiro e no segundo questionário. Para este efeito, você será convidado a preencher um código de seis letras em ambas as ocasiões. Note que o código é projetado de forma que é impossível identificá-lo, e seu anonimato não é comprometido de forma alguma.

Uma vez que o estudo estiver concluído, ficaremos satisfeitos em poder lhe informar sobre os resultados.

Este documento foi elaborado em duas vias, sendo que uma delas será fornecida a você e a outra será arquivada.

Eu, _____ entendi as informações que me foram fornecidas quanto a minha participação nesta pesquisa e estou ciente de que posso recusar ou desistir de colaborar a qualquer momento.

Ribeirão Preto, data: _____

Assinatura: _____

Lylla Cysne Frota D'Abreu
RG: 1880151
Email para contato: lyllacysne@yahoo.com.br

Profa. Dra. Marina Rezende Bazon
RG: 13894070
Telefone para contato: (16) 3602-3830

4. Instruments at Time 1

Universidade de Potsdam- Alemanha
Instituto de Psicologia
Departamento de Psicologia Social

Universidade de São Paulo- Brasil
Faculdade de Filosofia, Ciências e Letras de
Ribeirão Preto
Departamento de Psicologia e Educação



Questionário para

Opinião dos Jovens sobre Sexualidade



Prof. Dr. Barbara Krahe
Departamento de Psicologia Social
Instituto de Psicologia
Universidade de Potsdam
Postfach 60 15 53
D-14415 Potsdam
Alemanha



Prof. Dr. Marina Bazon
Departamento de Psicologia e Educação
FFCLRP
Universidade de São Paulo
Av. Bandeirantes, 3900 / Monte Alegre
14040-901 - Ribeirão Preto - SP
Brasil

Caros participantes desta pesquisa,

Este estudo é parte de um projeto de pesquisa que busca descobrir o que jovens pensam sobre sexualidade.

Isto não é um teste! Não existem respostas “certas” ou “erradas”. Por favor, leia cada situação e suas respectivas perguntas com cuidado e responda-as honestamente.

Ninguém terá acesso a suas respostas, nem mesmo seus pais ou professores. Você também não precisa escrever seu nome no questionário. No entanto, é importante para nós que cada questionário tenha um código, porque queremos consultar mais uma vez sua opinião no próximo ano letivo. Por isso, preencha agora, por favor, as seguintes caixas:

Importante: Este código é apenas para marcar o questionário. Nós não podemos decifrá-lo.

- | | | |
|---|--------------------------|--------------------------|
| (1) Por favor, escreva a 1ª e 2ª letra do primeiro nome da sua mãe: | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Por favor, escreva a 1ª e 2ª letra do primeiro nome da sua avó materna: | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Por favor, escreva a 1ª e 2ª letra da cidade, onde você nasceu: | <input type="checkbox"/> | <input type="checkbox"/> |

Obrigado pelo seu apoio!

Nesta parte do questionário, você deve se colocar numa situação que diz respeito a você.

Você passa a noite junto com outra pessoa. No decorrer da noite, ocorre de vocês dois terem relação sexual pela primeira vez.

Por favor, imagine tal situação e descreva como ela poderia acontecer. Você não deve descrever uma situação específica que você já vivenciou. Nós queremos saber como você imagina que tais situações normalmente poderiam ser para você. Se você tiver dificuldades para encontrar uma resposta, considere o que em sua opinião é mais provável de ser verdadeiro.

1	Qual a probabilidade de que...	muito improvável	um pouco improvável	intermediário	um pouco provável	muito provável
	... vocês tenham combinado (e não se encontrado por acaso)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Antes desta noite, vocês já tinham se encontrado sozinhos(as) ?	nunca	sim, uma vez	algumas vezes	frequentemente	muito frequentemente
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Vocês já se conheciam ?	não	sim, há algumas horas	há alguns dias	há algumas semanas	há alguns meses ou mais
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Qual a probabilidade de que álcool ou drogas tenha sido consumido?	muito improvável	um pouco improvável	intermediário	um pouco provável	muito provável
	a) ... por você ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) ... pela outra pessoa ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Quão alcoolizado (a)/drogado (a) ...	nada	um pouco	relativamente	muito	totalmente
	a) ... você está ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	b) ... está a outra pessoa ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relembrando a situação		Você passa a noite junto com outra pessoa. No decorrer da noite, ocorre de vocês dois terem relação sexual pela primeira vez.				
6	Se a aproximação parte da outra pessoa:	muito imprová vel	um pouco imprová vel	interme diário	um pouco provável	muito provável
	Qual a probabilidade de que você diga primeiro "não", embora na verdade você também queira?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Se a aproximação parte da outra pessoa:	muito imprová vel	um pouco imprová vel	interme diário	um pouco provável	muito provável
	Qual a probabilidade de que você diga "sim", embora você não queira de fato?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Se a aproximação parte de você:	muito imprová vel	um pouco imprová vel	interme diário	um pouco provável	muito provável
	Qual a probabilidade de que a outra pessoa diga "não", embora ela também queira?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Se a aproximação parte de você:	muito imprová vel	um pouco imprová vel	interme diário	um pouco provável	muito provável
	Qual a probabilidade de que a outra pessoa diga "sim", embora ela não queira de fato?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nesta seção, queremos saber como você pensa sobre diferentes afirmações sobre o tema sexo entre jovens. Por favor, marque com um “X” para cada uma das seguintes afirmações, o quanto você está de acordo com ela.

1. É ok, dormir com alguém, que não se conhece muito bem.	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente
2. Faz parte beber álcool, quando se fica com alguém e tem relação sexual.	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente
3. Faz parte dizer primeiro “não”, quando se quer ter relação sexual com alguém, mesmo que na verdade se queira dizer “sim”.	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente
4. É ok, ir para a cama com alguém já na primeira noite.	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente
5. É ok, ter relação sexual com alguém, mesmo que não se queira.	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente
6. É ok, ter relação sexual com alguém, mesmo que não se queira relação fixa com ele (a).	O discordo plenamente	O discordo um pouco	O não tenho certeza	O concordo um pouco	O concordo plenamente

Assinale com um "X" indicando o número de vezes que cada experiência aconteceu com você. Se várias experiências ocorreram na mesma ocasião - por exemplo, se em uma noite alguém disse a você algumas mentiras e fez sexo com você enquanto você estava bêbado (a), você assinalaria ambos os itens **a** e **c**. Os últimos 12 meses referem-se ao ano que passou contando a partir de hoje. Desde os 14 anos de idade refere-se ao período da sua vida a partir de seu 14º aniversário até um ano atrás, contando a partir de hoje.

Experiências sexuais		
1. Alguém acariciou, beijou, ou friccionou partes íntimas do meu corpo (lábios, seio/peito, genitália ou glúteos) ou removeu algumas de minhas roupas sem o meu consentimento (<i>mas não tentou penetração sexual</i>):	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

2. Alguém fez sexo oral em mim ou me fez praticar sexo oral neles (as) sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

3. Se você é um homem, assinale a caixa <input type="checkbox"/> e pule para o item 4. Um homem pôs seu pênis, ou alguém pôs os dedos ou objetos dentro da minha vagina sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

4. Um homem pôs seu pênis ou alguém pôs os dedos ou objetos dentro do meu ânus sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

5. Mesmo que isso não tenha acontecido, alguém TENTOU fazer sexo oral em mim ou tentou me fazer praticar sexo oral neles (as) sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

6. Se você é um homem, assinale a caixa <input type="checkbox"/> e pule para o item 7. Mesmo que isso não tenha acontecido, um homem TENTOU colocar seu pênis ou alguém tentou colocar os dedos ou objetos dentro da minha vagina sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

7. Mesmo que isso não tenha acontecido, um homem TENTOU colocar seu pênis ou alguém tentou colocar os dedos ou objetos no meu ânus sem o meu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

8. As experiências descritas nesta pesquisa aconteceram a você uma ou mais vezes?

Sim Não

9. Se sim, qual era o sexo da(s) pessoa(s) que fez/fizeram isso com você?

só mulheres só homens homens e mulheres

eu não relatei experiências

Qual era a sua relação com essa(s) pessoa(s)?

estranho (a) conhecido (a) ficante namorado (a)

10. Você já foi estuprado (a)? Sim Não

Assinale com um "X" indicando o número de vezes que cada experiência aconteceu. Se várias experiências ocorreram na mesma ocasião - por exemplo, se em uma noite você disse algumas mentiras e fez sexo com alguém que estava bêbado, você assinalaria ambas as caixas a e c. Os últimos 12 meses referem-se ao ano que passou contando a partir de hoje. Desde os 14 anos de idade refere-se ao período da sua vida a partir de seu 14º aniversário até um ano atrás, contando a partir de hoje.

Experiências sexuais		
1. Eu acariciei, beijei, ou friccionei partes íntimas do corpo de alguém (lábios, seio/peito, genitália ou glúteos) ou removi algumas de suas roupas sem o seu consentimento (mas não tentei penetração sexual):	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+
2. Eu fiz sexo oral em alguém ou fiz alguém praticar sexo oral em mim sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

3. Eu coloquei meu pênis (somente para homens) ou pus os dedos ou objetos (para todos os respondentes) dentro vagina de uma mulher sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

4. Eu coloquei meu pênis (somente para os homens) ou pus os dedos ou objetos (para todos os participantes) dentro do ânus de alguém sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

5. Mesmo que isso não tenha acontecido, eu TENTEI fazer sexo oral em alguém ou fazer alguém praticar sexo oral em mim sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

6. Mesmo que isso não tenha acontecido, eu TENTEI colocar meu pênis (somente para homens) ou eu tentei colocar os dedos ou objetos (para todos os participantes) na vagina de uma mulher sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

7. Mesmo que isso não tenha acontecido, eu TENTEI colocar meu pênis (somente para homens) ou tentei colocar os dedos ou objetos (para todos os participantes) no ânus de alguém sem o seu consentimento:	Quantas vezes nos últimos 12 meses?	Quantas vezes desde os 14 anos de idade?
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+	0 1 2 3+

8. Você fez algum dos atos descritos nesta pesquisa uma ou mais vezes? Sim Não

9. Se sim, qual era o sexo da(s) pessoa(s) a quem você fez isso?

só mulheres só homens homens e mulheres

eu não relatei experiências

Qual era a sua relação com essa(s) pessoa(s)?

estranho (a) conhecido (a) ficante namorado(a)

10. Você acha que você já estuprou alguém? Sim Não

Nesta parte do questionário, trata-se de vivências indesejadas, algo que você fez contra a sua vontade quando você era **CRIANÇA**, ou seja, antes dos 14 anos de idade.

1.	Quando você era criança, algum <u>adulto</u> ou <u>pessoa mais velha</u> levou você a mostrar seus órgãos sexuais contra a sua vontade ou a olhar os órgãos sexuais dele (a)?	<input type="radio"/> não	<input type="radio"/> sim
2.	Quando você era criança, algum <u>adulto</u> ou <u>pessoa mais velha</u> tocou você sexualmente contra a sua vontade (Ex: tocou nos seus órgãos genitais) ou levou você a tocá-lo (a) sexualmente (Ex: forçou você a tocar os órgãos sexuais dele (a))?	<input type="radio"/> não	<input type="radio"/> sim
3.	Quando você era criança, algum <u>adulto</u> ou <u>pessoa mais velha</u> TENTOU penetrar no seu corpo (Ex: boca, ânus) contra a sua vontade, ainda que nada tenha acontecido?	<input type="radio"/> não	<input type="radio"/> sim
4.	Quando você era criança, algum <u>adulto</u> ou <u>pessoa mais velha</u> penetrou no seu corpo (Ex: boca, ânus) contra a sua vontade?	<input type="radio"/> não	<input type="radio"/> sim
5.	Quando você era criança ou adolescente, você apanhou frequentemente ou muitas vezes em casa?	<input type="radio"/> não	<input type="radio"/> sim
6.	Quando você era criança ou adolescente, você teve muitas vezes o sentimento de “ não ter valor ” em casa?	<input type="radio"/> não	<input type="radio"/> sim

Nessa parte do questionário, gostaríamos de saber se você já viu filmes ou fotos com conteúdo sexual:

1.	Você já viu imagens de <u>relações sexuais</u> ?	nunca	uma vez	algumas vezes	frequentemente	sempre
	... em filmes/ TV					
	... na internet					
	... no telefone celular					
	... em livros ou revistas					

2.	Você já viu imagens de outros atos sexuais, como por exemplo, sexo oral, masturbação?	nunca	uma vez	algumas vezes	frequentemente	sempre
	... em filmes/ TV					
	... na internet					
	... no telefone celular					
	... em livros ou revistas					

3.	Você já viu filmes de sexo em que dois personagens <u>voluntariamente</u> praticam atos sexuais, ou seja, <u>ambos querem</u> fazer sexo?	nunca	uma vez	algumas vezes	frequentemente	sempre

4.	Você já viu filmes de sexo em que pessoas são <u>forçadas</u> a atos sexuais?	nunca	uma vez	algumas vezes	frequentemente	sempre

Se você assinalou “nunca” no item 4, pule os itens 5 e 6. Caso contrário, responda os itens a seguir.

5.	Como esta pessoa reagia?	nunca	uma vez	algumas vezes	frequentemente	sempre
	... não parecia achar tão ruim, ou ainda, passava a gostar depois de um tempo.					
	... se submetia, sem se defender.					
	... protestava, com palavras ou gritos.					
	... defendia-se fisicamente (por exemplo, batia ou chutava quem a forçava a fazer sexo)					
	... defendia-se tanto com palavras como fisicamente					
6.	Você já viu filmes de sexo, onde uma pessoa é humilhada, inferiorizada ou <u>mal tratada</u> ?	nunca	uma vez	algumas vezes	frequentemente	sempre

Para concluir, gostaríamos de ter mais algumas informações sobre você, que naturalmente também são anônimas.

1.	Idade	_____ anos
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2.	Sexo	<input type="radio"/> Masculino	<input type="radio"/> Feminino
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3.	Origem/nacionalidade	<input type="radio"/> brasileira	<input type="radio"/> norte-americana	<input type="radio"/> europeia	<input type="radio"/> continente Oceania
		<input type="radio"/> latino-americana	<input type="radio"/> africana	<input type="radio"/> asiática	

4.	Qual a sua religião?	<input type="radio"/> nenhuma	<input type="radio"/> católica	<input type="radio"/> protestante/ evangélico
		<input type="radio"/> espírita	<input type="radio"/> afro-brasileira	<input type="radio"/> outra: _____

5.	Praticante?	<input type="radio"/> não	<input type="radio"/> sim
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6.	Você já teve alguma vez ou tem neste momento uma relação fixa?	<input type="radio"/> não	<input type="radio"/> sim
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7.	Você já teve relação sexual?	<input type="radio"/> não	<input type="radio"/> sim
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8.	Qual a sua orientação sexual?	heterossexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	homossexual
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Se você nunca teve relação sexual, o questionário termina aqui para você.
Obrigada pela sua cooperação.

Se você já teve relação sexual, responda, por favor, às seguintes perguntas.

Quantos anos você tinha, quando teve pela primeira vez relação sexual com alguém?	_____ anos
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Como você se sentiu depois?	muito mal	um pouco mal	nem bem nem mal	bem	muito bem
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Há quanto tempo você já conhecia a pessoa?	não conhecia	há algumas horas	há alguns dias	há algumas semanas	há alguns meses ou mais
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Com quantos (as) parceiros (as) você já teve relação sexual até agora?	com (ex-) namorados		em uma relação fixa		
	com (ex-) namoradas				
	com parceiros		sem relação fixa		
	com parceiras				
Quantas vezes você bebeu álcool em situações em que você teve relação sexual com alguém?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes a outra pessoa bebeu álcool em situações em que vocês tiveram relação sexual?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes, nas situações em que você teve relação sexual, você disse primeiramente "não", sendo que na verdade você queria?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes, nas situações em que você teve relação sexual, você disse primeiramente "sim", sendo que na verdade você não queria?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Muito obrigada pela sua cooperação!

5. Instruments at Time 2

Universidade de Potsdam- Alemanha
Instituto de Psicologia
Departamento de Psicologia Social

Universidade de São Paulo- Brasil
Faculdade de Filosofia, Ciências e Letras de
Ribeirão Preto
Departamento de Psicologia e Educação



Jovens e Sexualidade



Prof. Dr. Barbara Krahe
Departamento de Psicologia Social
Instituto de Psicologia
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Postfach 60 15 53
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Alemanha



Prof. Dr. Marina Bazon
Departamento de Psicologia e Educação
FFCLRP
Universidade de São Paulo
Av. Bandeirantes, 3900 / Monte Alegre
14040-901 - Ribeirão Preto - SP
Brasil

Caros participantes desta pesquisa,

Este estudo é a segunda parte de um projeto de pesquisa sobre sexualidade entre jovens.

Isto não é um teste! Não existem respostas “certas” ou “erradas”. Por favor, leia cada situação e suas respectivas perguntas com cuidado e responda-as honestamente.

Ninguém terá acesso a suas respostas, nem mesmo seus pais ou professores. Você também não precisa escrever seu nome no questionário. No entanto, é importante para nós que cada questionário tenha um código, para que possamos unir suas respostas àquelas do ano anterior. Por isso, preencha agora, por favor, as seguintes caixas:

Importante: Este código é apenas para marcar o questionário. Nós não podemos decifrá-lo.

- | | | |
|---|--------------------------|--------------------------|
| (1) Por favor, escreva a 1ª e 2ª letra do primeiro nome da sua mãe: | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Por favor, escreva a 1ª e 2ª letra do primeiro nome da sua avó materna: | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Por favor, escreva a 1ª e 2ª letra da cidade, onde você nasceu: | <input type="checkbox"/> | <input type="checkbox"/> |

Você participou da pesquisa ano passado?

sim não

Obrigado pelo seu apoio!

Assinale com um "X" indicando o número de vezes que cada experiência aconteceu com você. Se várias experiências ocorreram na mesma ocasião - por exemplo, se em uma noite alguém disse a você algumas mentiras e fez sexo com você enquanto você estava bêbado (a), você assinalaria os itens a e c.

Experiências sexuais	
1. Alguém acariciou, beijou, ou friccionou partes íntimas do meu corpo (lábios, seio/peito, genitália ou glúteos) ou removeu algumas de minhas roupas sem o meu consentimento (mas não tentou penetração sexual):	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

2. Alguém fez sexo oral em mim ou me fez praticar sexo oral neles (as) sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

3. Se você é um homem, assinale a caixa <input type="checkbox"/> e pule para o item 4. Um homem pôs seu pênis, ou alguém pôs os dedos ou objetos dentro da minha vagina sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+
4. Um homem pôs seu pênis ou alguém pôs os dedos ou objetos dentro do meu ânus sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

5. Mesmo que isso não tenha acontecido, alguém TENTOU fazer sexo oral em mim ou tentou me fazer praticar sexo oral neles (as) sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

6. Se você é um homem, assinale a caixa <input type="checkbox"/> e pule para o item 7. Mesmo que isso não tenha acontecido, um homem TENTOU colocar seu pênis ou alguém tentou colocar os dedos ou objetos dentro da minha vagina sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

7. Mesmo que isso não tenha acontecido, um homem TENTOU colocar seu pênis ou alguém tentou colocar os dedos ou objetos no meu ânus sem o meu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre mim, fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eu disse que não queria.	0 1 2 3+
b) Mostrando descontentamento, criticando minha sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eu disse que não queria.	0 1 2 3+
c) Aproveitando-se de mim quando eu estava muito bêbado (a) ou fora de mim para interromper o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a mim ou a alguém próximo de mim.	0 1 2 3+
e) Usando a força, por exemplo, contendo-me com o seu peso corporal, prendendo meus braços ou usando uma arma.	0 1 2 3+

8. Qual era o sexo da(s) pessoa(s) que fez/fizeram isso com você?

- só mulheres
- só homens
- homens e mulheres
- eu não relatei experiências

9. Qual era a sua relação com essa(s) pessoa(s)?

- estranho (a) conhecido (a) ficante namorado (a)
- eu não relatei experiências

10. Você já foi estuprado (a)? Sim Não

Assinale com um "X" indicando o número de vezes que cada experiência aconteceu. Se várias experiências ocorrerem na mesma ocasião - por exemplo, se em uma noite você disse algumas mentiras e fez sexo com alguém que estava bêbado, você assinalaria ambas as caixas a e c.

Experiências sexuais	
1. Eu acariciei, beijei, ou friccionei partes íntimas do corpo de alguém (lábios, seio/peito, genitália ou glúteos) ou removi algumas de suas roupas sem o seu consentimento (mas não tentei penetração sexual):	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+

2. Eu fiz sexo oral em alguém ou fiz alguém praticar sexo oral em mim sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+

3. Eu coloquei meu pênis (somente para homens) ou pus os dedos ou objetos (para todos os respondentes) dentro vagina de uma mulher sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+
4. Eu coloquei meu pênis (somente para os homens) ou pus os dedos ou objetos (para todos os participantes) dentro do ânus de alguém sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+

5. Mesmo que isso não tenha acontecido, eu TENTEI fazer sexo oral em alguém ou fazer alguém praticar sexo oral em mim sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+
6. Mesmo que isso não tenha acontecido, eu TENTEI colocar meu pênis (somente para homens) ou eu tentei colocar os dedos ou objetos (para todos os participantes) na vagina de uma mulher sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+

7. Mesmo que isso não tenha acontecido, eu TENTEI colocar meu pênis (somente para homens) ou tentei colocar os dedos ou objetos (para todos os participantes) no ânus de alguém sem o seu consentimento:	Quantas vezes nos últimos 6 meses? (desde set. 2010)
a) Contando mentiras, ameaçando terminar o relacionamento, ameaçando espalhar boatos sobre eles (as), fazendo promessas para o futuro que eu sabia que não eram verdadeiras, ou insistindo continuamente com palavras depois que eles (as) disseram que não queriam.	0 1 2 3+
b) Mostrando descontentamento, criticando sua sexualidade ou atratividade, ficando irritado (a), mas não usando de força física depois que eles (as) disseram que não queriam.	0 1 2 3+
c) Aproveitando-se que eles (as) estavam muito bêbados (as) ou fora de si para interromperem o que estava acontecendo.	0 1 2 3+
d) Ameaçando causar danos físicos a eles (as) ou a alguém próximo deles (as).	0 1 2 3+
e) Usando a força, por exemplo, contendo-os (as) com o meu peso corporal, prendendo seus braços ou usando uma arma.	0 1 2 3+

8. Qual era o sexo da(s) pessoa(s) a quem você fez isso?

só mulheres

só homens

homens e mulheres

eu não relatei experiências

9. Qual era a sua relação com essa(s) pessoa(s)?

estranho (a)

conhecido (a)

ficante

namorado(a)

eu não relatei experiências

10. Você acha que você já estuprou alguém? Sim Não

Para concluir, gostaríamos de ter mais algumas informações sobre você, que também são anônimas.						
1.	Idade	_____ anos				
2.	Sexo	<input type="radio"/> Masculino	<input type="radio"/> Feminino			
3.	Qual a importância da religião na sua vida?	totalmente desimportante	desimportante	intermediária	um pouco importante	muito importante
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Você já teve alguma vez ou tem neste momento uma relação fixa?				<input type="radio"/> não	<input type="radio"/> sim
5.	Você teve sua <u>primeira relação sexual</u> nos <u>últimos 6 meses</u> ?				<input type="radio"/> não	<input type="radio"/> sim

Se você teve sua primeira relação sexual nos últimos 6 meses, responda, por favor, às seguintes perguntas.

Caso contrário, o questionário termina aqui para você.
Obrigada pela sua cooperação.

Com quantos anos você estava, quando teve sua primeira relação sexual?	_____ anos				
Há quanto tempo você já conhecia a pessoa?	não conhecia	há algumas horas	há alguns dias	há algumas semanas	há alguns meses ou mais
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Com quantos (as) parceiros (as) você já teve relação sexual até agora?	com parceiro (a)			em uma relação fixa	
	com parceiro (a)			sem relação fixa	

Quantas vezes você bebeu álcool em situações em que você teve relação sexual com alguém?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes a outra pessoa bebeu álcool em situações em que vocês tiveram relação sexual?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes, nas situações em que você teve relação sexual, você disse primeiramente "não", sendo que na verdade você queria?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quantas vezes, nas situações em que você teve relação sexual, você disse primeiramente "sim", sendo que na verdade você não queria?	nunca	uma vez	algumas vezes	frequentemente	sempre
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Muito obrigada pela sua cooperação!

6. Information sheet listing counseling agencies

Serviços de Ajuda ou Atendimento Psicológico à Comunidade



1) Delegacia da Mulher

Rua Piracicaba, 217 - Jardim Mosteiro
Ribeirão Preto/SP
Telefone: (16) 3610-4499

2) Centro de Psicologia Aplicada da USP-RP (CPA)

Telefone: (16) 3602-3641, 3602-3739
E-mail: ffclp@usp.br

3) Clínica de Psicologia - Núcleo Multiprofissional da Unaerp

Telefones: (16) 3603-7003, 3603- 7000, 3603-6933.

4) Clínica de Psicologia – UNIP

Rua Mariana Junqueira, 1346 – Centro
Ribeirão Preto/SP
Telefones: (16) 3632-2656 / 3632-6401

5) Serviço Solidário - PSICOLOG

Rua Marechal Deodoro, 1844 - Jardim Sumaré
Ribeirão Preto/SP
Telefone: (16) 3913.4047
Email: psicolog@psicolog.com.br

Erklärungen

Ich versichere, diese Arbeit selbständig und ohne unzulässige Hilfe Dritter verfasst zu haben. Bei der Abfassung der Dissertation habe ich nur die angegebenen Hilfsmittel benutzt. Alle inhaltlich oder wörtlich übernommenen Aussagen habe ich als solche gekennzeichnet.

Ich versichere weiter, dass ich diese Dissertation weder in der gegenwärtigen noch in einer anderen Fassung einer Fakultät einer wissenschaftlichen Hochschule zur Begutachtung im Rahmen eines Promotionsverfahrens vorgelegt habe.

Potsdam, den 22.06.2013

Enya Wahren
